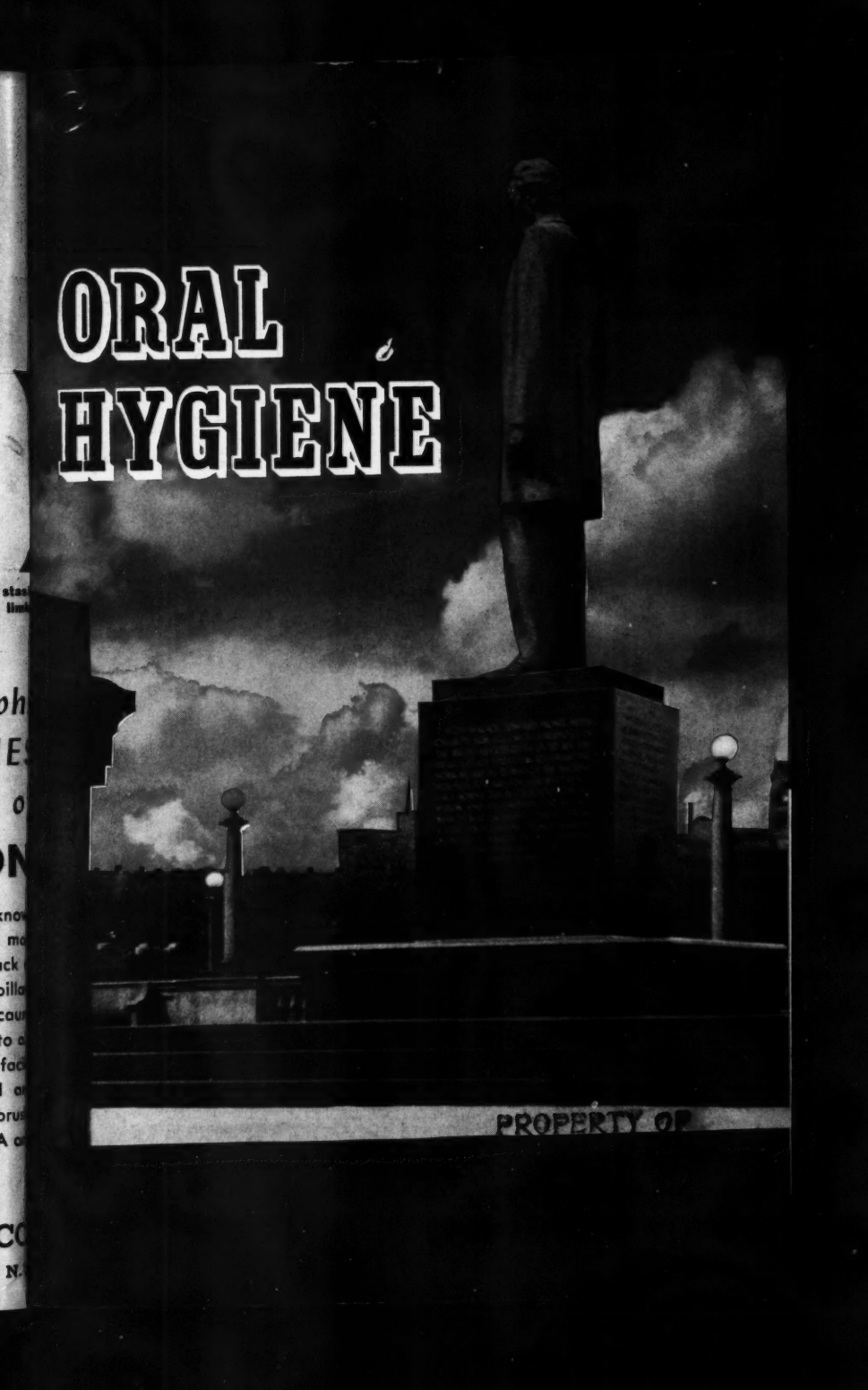
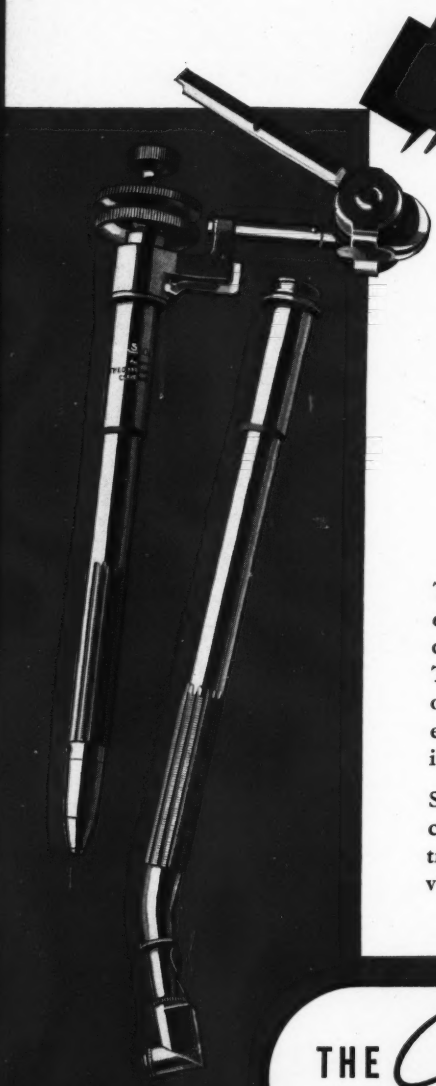
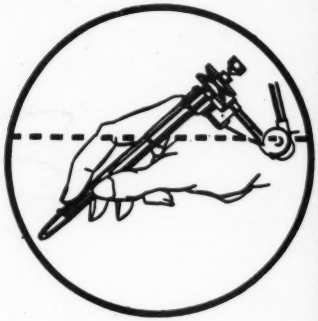

ORAL
HYGIENE
PROPERTY OF

# For Balanced Weight Choose

## Sani-Terry HANDPIECE





There is no undue fatigue of the operator's hand from the backward drag of a heavy wrist-joint when the Sani-Terry Handpiece is used. The weight of the handpiece is balanced at the exact point where it is naturally grasped in the hand.

Sani-Terry Handpieces cause less discomfort, too, for the patient. They run truly and smoothly, with no unnecessary vibration or wabbling of the bur.

TRADE CLEV-DENT MARK

THE Cleveland DENTAL MANUFACTURING COMPANY

CLEVELAND, OHIO • U. S. A.

# BRACKET TABLE ENSEMBLE

• A trim, tidy bracket table impresses the patient with the quality of your work. These well-known, widely used accessories contribute to the sanitary aspects and appearance of your service.

**DENTOFORM COTTON**

Complete Font and 1 Refill . . $ .95
Refill cylinders, doz. . . . . 1.00

**RED CROSS DRESSINGS JAR 1.00**

**DENTAL WASTE RECEIVER**

with 6 refill cartons . . . . . $ .80
500 refill cartons . . . . . 3.00

**BRACKET TABLE COVERS**

13½"—500, box . . . . . 5.20

**ORDER FROM YOUR DEALER**



DENTAL DIVISION Johnson & Johnson
NEW BRUNSWICK, N. J. CHICAGO, ILL.

# *The Publisher's* CORNER

**BY MASS** **NUMBER 217**

FLIPPING THE PAGES of memory's album just now, seeking a topic for this month's department, a picture of the past returned to mind—a picture labeled DON'T SUE PEOPLE. The cerebral chromo is of a court room scene, complete with judge, and jury, and lawyers, and clerks, and witness box. The image is clear and sharp—so clear and sharp that all the emotions of that hour have been recaptured. That was a day, chums, that was a day.

There was the witness box, and there was I inside it, perched upon a tippy chair. The venerable judge, white-haired, a little deaf, his chin untidy with tobacco juice, sat dopily at my left. Below me, the court stenographer, poor soul, wrote endlessly in his notebook of the dreary, tiresome trial. At my right, the jury sat, trying now and then to look as though they understood it all, wrinkling their foreheads, skinning pink paper from fresh sticks of gum, scratching portions of their persons.

Out front, a small sea of dim faces—people who had never heard of me, and hoped, I suppose, that I would catch hell so that they might enjoy the show which was, after all, cheaper than the movies. In the midst of the sea, the lawyers sat, my own looking worried, the other fellow's attorney complacent and smug, or so it seemed to me.

But, when he had walked slowly toward me, and stood close to my roofless cell to question me, he spoke in soft and gentle tones, and his kindliness relieved my tension and I relaxed and was glad again. This guy, I thought, acts just like a bosom buddy; he'll be nice knowing; I'll invite him to lunch or dinner or something after all this is over the dam. It was an odd place for a chat, but I warmed in the sunlight of his smile and in no time at all I had almost forgotten the other people

(*Continued on page* 780)

# S. S. WHITE ABRASIVE POINTS • WHEELS • DISKS

## (GREEN)

## *Marvels of Grinding*

Precision made stones of green silicon carbide. Ideal for grinding porcelain work—the green abrasive leaves a white dust that will not mar the esthetic value of the case.

Cut fast, with less heat, wet or dry, never become dull, do not glaze, hold their shapes, have no soft spots.

All are rigidly inspected for uniformity of size, shape and mounting.

# S. S. WHITE REVELATION BURS

## *Prove their economy*

Revelation Burs are razor sharp, and remain so over a long period of use. They cut rapidly, smoothly, with minimum heat and annoyance to the patient.

Every Revelation Bur is individually tested for accurately centered head, straight neck and shank, therefore they run true and are a great aid in cavity preparation. Revelation Burs are precision made instruments that prove their economy in the operating room.


## REVELATION SHORT NECK BURS

### (For Angles)

Particularly handy for cavity preparation in posterior teeth, in the mouths of children, or in other mouths of small opening.

Supplied in sizes ½, 2, 4, 6, 33½, 35, 37, 39, 557, 558, 700, 701.

Important: Specify Short Neck when angle burs of this length are desired; otherwise regular length burs will be supplied.

*For Sale at Dental Depots*

**THE S. S. WHITE DENTAL MFG. CO. PHILADELPHIA, PA.**

round about, and entered into the spirit of our own private little old home week. Garrulity became rife.

My own lawyer, at whom I happened to glance, was frowning and shaking his head. A fly is bothering him, I thought casually; but I was wrong about that. If there was a fly in the place it was the one I had gaily escorted into the ointment.

For, just then, the buddy spirit vanished. Sneery and loud, new questions split the air about my ears. My pal! "So!" he boomed, finally, "*that* is how it is!"

Hot confusion covered me like a fur-lined Mother Hubbard and I perspired copiously under the emotion's enveloping folds.

Then came a silence. It was punctuated only by the determined scratching of the itchiest of the jurors, then the clicking of the judge's dentures as he started champing a virgin quid. From far down a corridor came the muffled sound of someone's laughter—laughter in the atmosphere of a death chamber.

"Well!" shouted my one-time chum, "are you going to answer my questions?" I couldn't speak; my old speech ailment had come romping back into my esophagus. I nodded my head affirmatively.

He turned to the jury, shrugging his shoulders—a gesture of "What can you expect from a low, slimey character like this witness?"

The old judge came to life. He shifted his quid, aimed at the cuspidor and missed. "Answer the attorney," he said. "Don't just nod your head." I nodded at the judge. He frowned as he deftly swiped at some dribble on his chin. "Y-y-yes," I quavered quickly in a gulpy voice. "Wait!" I cried then, "I mean no!"

Someone laughed. The judge banged the bench.

"Yes! No! WHAT DO YOU MEAN?" shouted Old Pal. He gestured hopelessly toward the jury again, and walked back to his chair and sat down. For a while he just sat there, looking at me, and shaking his head.

In this interlude, I forced myself into some semblance of calm. I guess he's going to quit questioning me, I thought, and relaxed a couple of notches, and let my mind toy with the idea of some day telling him what a louse he was. That was a mistake, too. I should have been thinking fast about the question, for in a split-second he had leaped to his feet and lumbered toward me, shaking his finger at me and shouting the question.

I started to nod my reply, then remembered and answered hurriedly. Too late I realized I had said the wrong thing.

"Hmmm," remarked my friend the louse. "Hmmm. "Well, well, well." There was a happy gleam in his eye. "That's all," he murmured in his old matey tone. "You may step down now." I sat there, bewildered.

The judge turned to me. "You may step down now."

"Huh?" I said.

The stenographer looked up. "His honor said you may step down now."

**DOCTOR! WHAT CAN I DO TO HELP THESE GUM TREATMENTS?**

# Hy-Kare Gum Massagers

*are the answer to this familiar question*

HY-KARE is the only device for gum massage that both kneads and massages gum tissues without irritation.

Liquids, (hot or cold) do not effect the resilience of HY-KARE bristles.

Effective with any toothpaste, powder or special lubricant you prescribe.

May be cleaned quickly and easily by ordinary home methods.

Packaged in individual glassine envelopes for the profession.

Order direct using coupon below, or through your supply house.

A modern aid to modern dentistry.

Fits the finger snugly, convenient to use, reasonable in cost.

HY-KARE gum massagers are made of pure surgical rubber, sanitary and durable. Used by dentists everywhere.


Your druggist can secure HY-KARE Gum Massagers in sealed glass containers and attractive display carton, illustrated above. Direct or thru his jobber. $1.75 per carton of eight, postpaid. Retail price 35c each.

Send immediately, postpaid, HY-KARE Gum Massagers as indicated.

☐ C. O. D.

☐ SAMPLE 15 CENTS

☐ 8 for $1.00

☐ 44 for $5.00

Dr. .....

Street .....

City ..... State .....

Canadian Distributor: RANDOLPH HINCH, 86 Bloor St. West, Toronto

HY-KARE LABORATORIES, 407 So. Dearborn St., Chicago, U.S.A.

(Note) Novocain-epinephrin solutions are indicated in cases where ischemia of abnormally long periods or a dry field are required. Cook and Waite Solutions containing standard epinephrin concentrations are still available and are made according to the same high standards as Novocain-Cobefrin.

*At last!* COOK AND WAITE INTRODUCTORY ASSORTMENTS AGAIN AVAILABLE . . . If you can use a new cartridge type syringe and want to obtain one economically with a supply of your favorite Cook or Waite formula ask your dealer today about the Introductory Assortments.

A LOCAL anesthetic solution that you can inject without fear of unpleasant, uncomfortable patient-reactions . . . one that is entirely compatible with the tissues . . . one that will not hamper Nature in her effort to effect quick, normal healing after extractions.

These are the attributes for which you are searching in an anesthetic solution. These are the requirements of the entire dental profession in selecting the anesthetic solution that will meet its exacting standards.

And, shrewd, successful dentists


**Novocain-Cobefrin possesses an impressive record of successful clinical use. Published results of closely controlled tests in private and hospital clinics point out its advantages even in patients in whom unfavorable results were experienced after injections of solutions containing epinephrin.**

re more and more considering ovocain-Cobefrin in their arch for such a local anesthetic. here are thousands of dentists ho have already selected it as e solution that most nearly eets those requirements.

ovocain-Cobefrin possesses a ackground of *pharmacological* nd *clinical research* — the basis pon which it was first offered to e profession—one which is conmtly being enlarged upon . . .

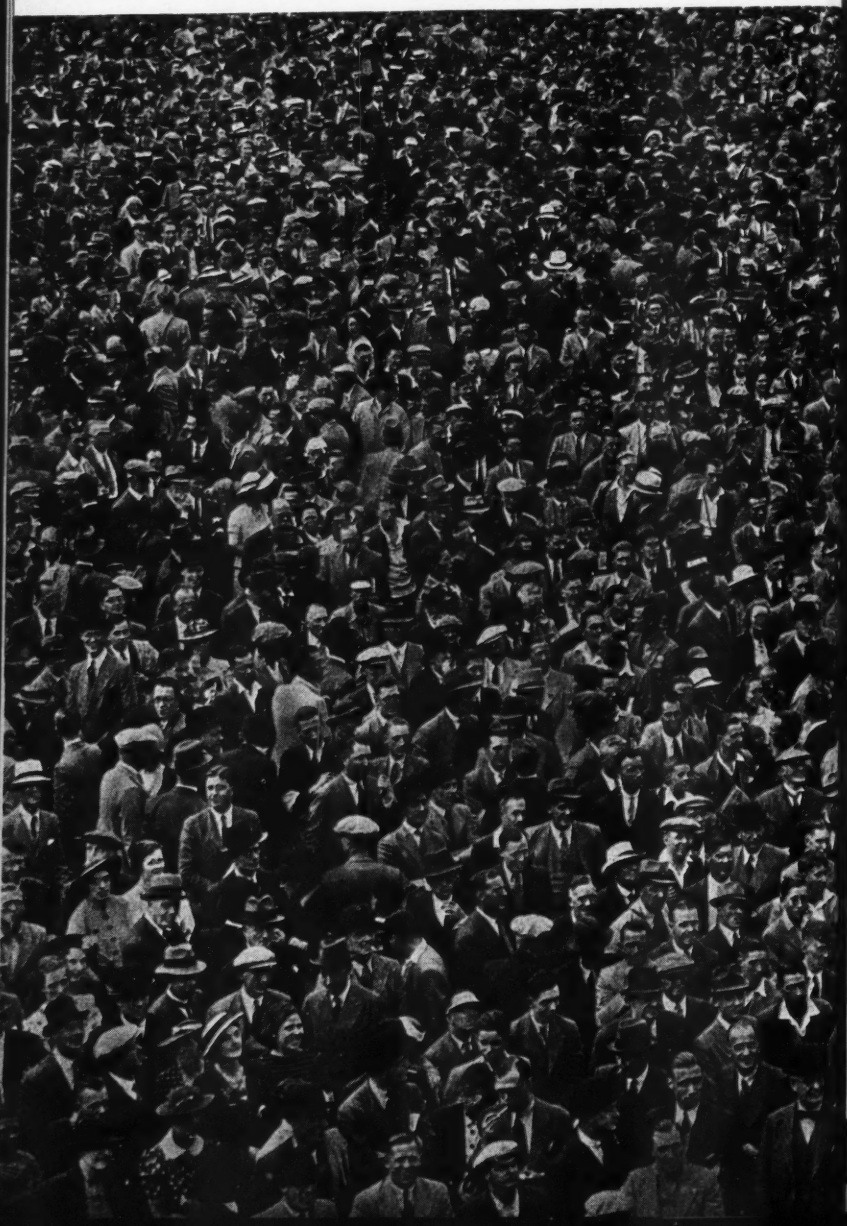
owever, it is upon its successful inical background of millions injections *in actual practice* at we recommend it for consideration in your search for a safer, better tolerated solution. It is available from dental dealers in the regular Cook or R. B. Waite cartridges or ampules and in cartridges that enable you to alkalinize the solution to a pH approximating that of the tissue fluids.

---------- *(Mail this coupon for literature)* ----------

**COOK LABORATORIES, INC.**
**THE ANTIDOLOR MFG. COMPANY, INC.**
170 Varick Street, New York, N. Y.
Laboratories: Rensselaer and Springville, N. Y.

**Gentlemen: Send me complete literature on Novocain-Cobefrin. My professional card is enclosed.**

# Over 2,000,00



# atisfied patients

## *confirm your choice when you prescribe Luxene · 37 Dentures today*

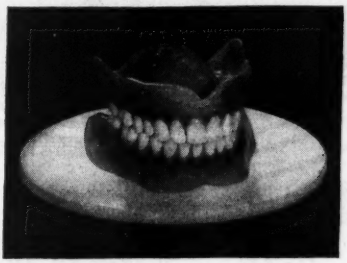
ODAY a vast multitude of more than two million patients testify he remarkable and enduring quali- of Luxene · 37 denture material. ere is public acceptance on a grand le. It is an overwhelming expres- n of confidence that Luxene · 37 noid has the right balance of prop- es to assure denture restorations giving long life and lasting satisfaction.

Time-tested and proven by performance, Luxene · 37 can be relied on to safeguard your priceless professional reputation when you prescribe this fine denture material for *your* cases.

BAKELITE DENTAL PRODUCTS, Inc.
SUBSIDIARY BAKELITE CORPORATION
247 PARK AVENUE - NEW YORK, N.Y.

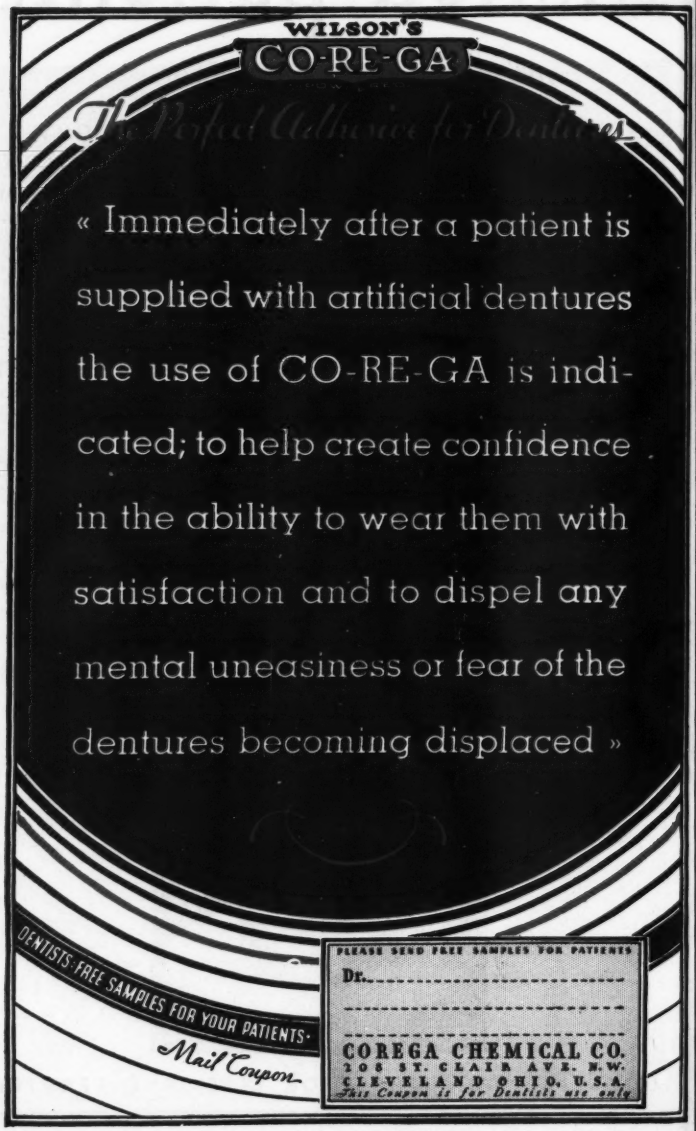
### *Luxene · 37 Offers you the Proper* BALANCE *of Properties to Conform to your Highest Professional Standards*

Consistent uniformity.
Accurate molding at low pressure.
Good impact strength and toughness.
Dependable color life.
Life-like translucency.
Chemical and physical stability.
Tasteless. Odorless.
Hard. Compact. Non-absorbent.
Trustworthy mouth performance.
No distortion due to curing shrinkage.
Permanency of form after processing.
No breaking of teeth during processing.
No pulling away from porcelain and metals.
No seepage around teeth.
Ease of repair and reline.



LIFE-LIKE DENTURES FOR LIFE-LIKE SERVICE

LUXENE·37·*Resinoid Dentures*
REG. U.S. PAT. OFF.




CO-RE-GA is not advertised to the public.

# *This delicious, healthful* confection

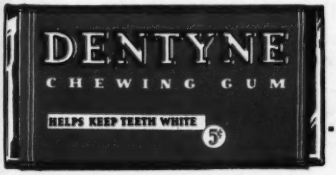
## *Carries forward your work*

● Your patients will be grateful for a gift of spicily tempting Dentyne. More than a friendly treat, Dentyne is a successful practice builder.

This confection is a widely recognized aid to mouth health. Dentyne's specially firm consistency offers teeth the compensatory exercise so needed in this day of soft foods that require little or no mastication. Chewing Dentyne improves the health of the supporting structures of the teeth by sending a more active supply of blood to the tissues. It also cleanses the teeth by non-irritating friction, and by interdental pumping of freely flowing saliva.

To obtain free Dentyne samples for your office—simply fill out and mail this coupon.

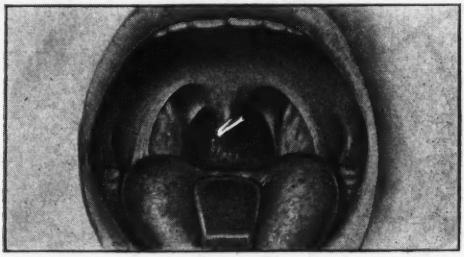
**PLEASE SEND ME FREE DENTYNE SAMPLES**




AMERICAN CHICLE CO., Long Island City, N.Y., Dept. O-1

*Name* _____

*Address* _____



TONSILS and PERITONSILLAR tissue may be considered as "sieves" to collect bacteria and halt their further progress. Bacteria often escape these natural barriers, however, and, due to weakened body resistance, may continue their invasion of the entire system.

# THE WASTE-LADEN COLON MAY CONTRIBUTE TO *Lowered Resistance*

Even in mild degrees of oral infection, dentists often recommend SAL HEPATICA routinely to help prevent colonic stagnation and lowering of general resistance. The FLUID BULK provided in intestines by the action of SAL HEPATICA gently stimulates persistalsis to flush waste material from the bowel. Its mineral salts combat gastric hyperacidity; stimulation of bile flow aids digestion.

SAL HEPATICA makes a zestful, effervescent drink which resembles the action of famous mineral spring waters.

## SAL HEPATICA

Flushes the Intestinal Tract and Aids Nature Toward
Re-establishing a Normal Alkaline Reserve

SAMPLES AND LITERATURE UPON REQUEST

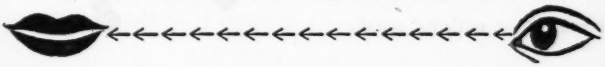
**BRISTOL-MYERS COMPANY**
19-L West 50th Street New York, N. Y.

# *Beauty* before *Age* with JUSTI VITA-LUX TEETH

**WHO WOULDN'T prefer the brilliant lustre of youthful well-kept teeth . . . to stains, irregularities, age-worn appearance? Your patients are ever seeking to retain figure, complexion, health; spending millions to stay the effects of time.**

**Justi Vita-Lux teeth with *balanced translucence,* lustrous surface and harmonious color blending, enable you to fulfill this desire and demand for a more youthful appearance and at the same time to satisfy your own conception of aesthetics.**

**Inspect the new Vita-Lux shade guide. Note the highly translucent color-toned incisal tips. There are no darkened areas at the lip line, no line of cleavage to shout "false teeth." Vita-Lux teeth are as human as teeth can be made. For pleasing, practical restorations insist upon Vita-Lux.**

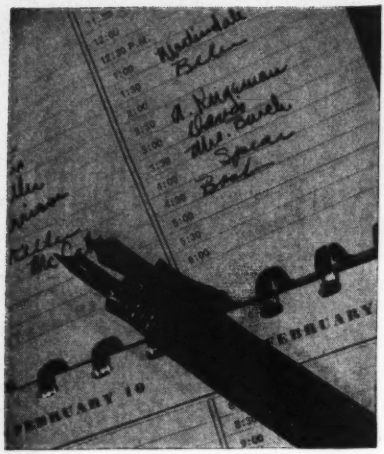


*"The lip-line of your patient is the eye-line of the public"*

**H. D. JUSTI & SON, INC.**

*The Oldest Manufacturer of Porcelain Teeth in America*

**PHILADELPHIA**



Dentists who have been operating with the aid of modern analgesia as administered by the McKesson Easor have seen its value reflected in fewer broken appointments and more patients. The Easor reduces the technique of analgesia to a simple, doubly safeguarded procedure. It is completely patient controlled and provides features never before available in analgesia equipment.

Let us tell you what the easor is doing for other dentists; how easy it is to operate and how easy to own. Return the coupon. It will in no way obligate you.

## You Can Increase Your Summer Appointments

Broken appointments and idle periods reflect patients' resistance to operative pain. This resistance is intensified during the hot summer months. You can make *summer* dental treatment easier and more inviting for your patients and less fatiguing to yourself by controlling operative pain and eliminating fear and apprehension from patients' minds.

*This coupon involves no obligation. It will bring you complete descriptive literature and price information. Return it today.*

**McKESSON APPLIANCE COMPANY, TOLEDO, O.**
**Please send me descriptive literature on the new Easor.**

Dr. .....

Address .....

City .....State.....

O.H.7

Visit our booth No. 173 at the A.D.A. Meeting

VOL. 29, NO. 7

# Oral Hygiene

JULY
1939

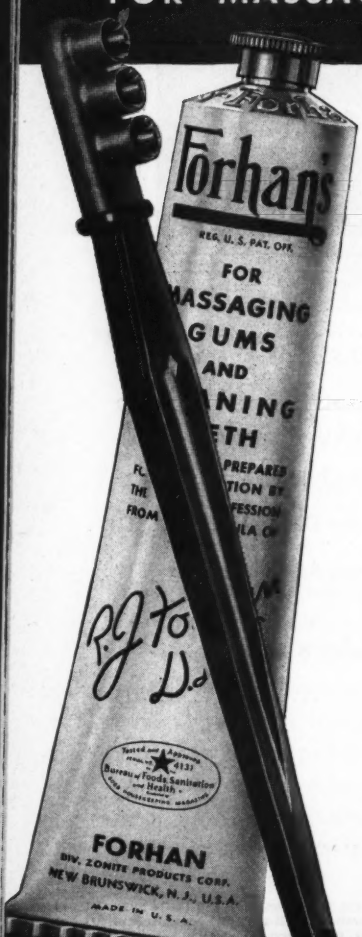




EDITORIAL OFFICE: 708 Church Street, Evanston, Ill.; PUBLICATION OFFICE: 1005 Liberty Avenue, Pittsburgh, Pa.; Merwin B. Massol, Publisher; W. E. Craig, D.D.S., Associate; R. C. Ketterer, Publication Manager; Mary Connally, Assistant to Publisher; Dorothy Sterling, Promotion Manager; Elizabeth Boyle, Circulation Manager. ADVERTISING OFFICES: NEW YORK: 18 East 48th Street; Stuart M. Stanley, Eastern Manager. CHICAGO: 870 Peoples Gas Building; John J. Downes, Western Manager. ST. LOUIS: Syndicate Trust Building; A. D. McKinney, Southern Manager. SAN FRANCISCO: 155 Montgomery Street, LOS ANGELES: 318 West 9th Street; Don Harway, Pacific Coast Manager; Nelson Harway, Assistant.

# AT LAST!

## A SAFE, EFFECTIVE, HYGIENIC METHOD FOR MASSAGING GUMS AT HOME




## FORHAN'S GUM MASSAGER AND INTERDENTAL STIMULATOR

✓ Invented and developed for Forhan's by a practicing dentist.

✓ Made with pure, natural gum rubber—it is smooth, firm yet flexible.

✓ It empties the veins of stagnant blood, relieves congestion and aids in the building up of resistance.

✓ It vitalizes both surface and interdental spaces of the gums.

### WE ARE SENDING YOU A COMPLIMENTARY MASSAGER BY WESTERN UNION

We would like to have you test Forhan's Gum Massager yourself, Doctor. So we are sending you one, and a tube of Forhan's Toothpaste, by Western Union—together with a booklet giving a full description of the Massager and a prescription pad for your convenience.

*Forhan Div., Zonite Products Corp., Chrysler Building, New York*

## FREE

## TO YOUR PATIENTS

The new Forhan's Gum Massager is *FREE* to yo patients—with the purchase of a large-size tube Forhan's Toothpaste. They pay only 39¢—the regu price of the Toothpaste alone . . . This combinati available *at all drug stores*—for a *limited* time on

# DENTAL CIVIL WAR IN GEORGIA

*by* CLINTON C. HOWARD, D.D.S.*

THERE'S BEEN A dental civil war going on in Georgia for the past seven years. The controversy has been a long and heated one between a group of members of the Fifth District Dental Society and a group of dental college operators in the city of Atlanta. The Society's goal has been to aid and elevate the teaching of the profession and to prohibit unlicensed students of the college from charging fees for their practice service. Efforts to prohibit the Atlanta Southern Dental College from such practices have met with opposition from the College. Suits have been filed, decisions have been handed down by the courts, but the outcome has resulted in victory for the Fifth District Dental Society. The final settlement has just been made by the Supreme Court of Georgia, and a permanent injunction against the College has been signed. This restraining order forbids a corporation to practice dentistry in Georgia and also forbids an unlicensed person, such as a dental student, to charge any fee or reward, whether paid or unpaid, to anyone whatsoever.

Like Mrs. O'Leary's historic cow, which once set Chicago afire, this battle has "started something" — something which the Fifth District Dental Society

*Chairman Judicial Committee, Fifth District Dental Society of Georgia. This article is indorsed by the Judicial Committee, which is composed of Doctors J. A. Broach, Harry M. Boon, Richard M. Eubanks, and Clinton C. Howard.

CLINTON C. HOWARD, D.D.S.

believes will be epoch-making in the history of the dental profession. The fire, caused by Mrs. O'Leary's cow kicking a lighted lantern into a hay stack, resulted in a new, a cleaner and finer Chicago. So, it is believed by the Fifth District Dental Society that its war to better dental education, and its fight to remove the taint of commercial profit from the dental school, will result in a higher ethical standing for the entire profession in the United States.

Andrew Carnegie, an immortal philanthropist, chose to contribute millions of dollars to establish a Foundation for the Advancement of Teaching. His visions first became a reality at the beginning of this century, and among the Foundation's problems was the defining and standardizing of literary colleges. In time, work reached the field of medicine, to be followed by an analysis of dental education. Bulletin Nineteen, which dealt with the subject of dental education, and which was consummated by the expenditure of a large sum of money, was by far the most exhaustive report ever made in the field of dental education. The searching inquiry into dental colleges made by the Foundation disclosed some highly disturbing facts, and the Fifth District Dental Society was stirred to action by what the Foundation had to say of the Southeast's only school of dental training. The following extracts are from this report:

"The Atlanta Southern Dental College, proprietary from the date of its organization, has been favored with a Class "B" rating continuously since 1918. The Council's inconsistency seems to have been an expression of partiality to a number of the stockholders and managers of the school—men who are widely esteemed both personally and professionally, and who have held or now occupy influential positions in national dental organizations. The Council's failure either to postpone a public rating while it gave this school a suitable opportunity to become acceptable

by reorganization on a non-proprietary basis, as had been done effectually for other schools, or to grade the school Class C, indicated a regrettable degree of submission of a judicial function to extraneous considerations, and seemed to justify prevalent doubts as to the Council's ability to perform all of its public functions impersonally and with educational sincerity. That the Council has encountered exceptional obstacles in the way of its purpose to give the Atlanta College its true rating must be conceded, but the situation clearly reveals the potency of some of the surviving commercial influences in dental education. This school has exemplified the narrow purpose of the old dental college to 'stand alone for the teaching of dentistry apart from an institution teaching medicine or other allied sciences.' "

## Dental Student Directory

This College even went so far as to allow its students to publish and give wide distribution to a dental student directory giving the names, addresses and telephone numbers of every student enrolled. The directory's advertisers, who were numerous, included, in addition to the local supply houses and laboratories, barbers, grocers, shoe repairers, barbecue stands, laundries, and so on. Could an exchange of patronage be suggested by the following statement which appeared on the outside cover of the directory? "1934-1935 A. S. D. C. Student Directory. Patronize the Advertisers."

With the dental profession making every effort to take dentistry from the trade class where certain activities had relegated it and lift the profession to the same high standing that law, medicine, or any other of the professional callings occupy, the condition of the Atlanta Southern Dental College, in the eyes of the highly ethical Fifth District Dental Society, demanded a change of practice and the Society set out to bring about a more wholesome, ethical, and professional method of training the dentists of tomorrow. Throughout the seven-year controversy that followed, members of the Fifth District Dental Society have steadfastly maintained that the affair is not a local dental political controversy; instead the Society is convinced that, through the creation of the new Council on Dental Education of the American Dental Association, this issue of national importance will be settled.

Challenged by the Carnegie Foundation's report, the Fifth District Society in 1932 decided to investigate, not only the Atlanta Southern Dental College, but a number of other schools of dental education which were proprietary in operation. A committee was appointed by the Society to delve into conditions. The results were startling. Many of the colleges were far removed in principles and practice from the highly ethical standards

maintained by the profession. As an example, a thorough study of the methods of training and general operation of the Atlanta Southern Dental College proved that the college was operated for financial gain—regardless of the need of the indigent poor for free dental assistance, or the competition of unlicensed students with legal practitioners. Quick and ready profits were the drawing card. Dental bargain hunters came in "limousines."

When these facts were brought out in the report and became widely known, the College entered suit against the members of the Committee, and others who assisted the Committee in formulating the report, for a sum of $100,000 each, in addition to enjoining the defendants from further disseminating facts concerning the operation of the College.

About the same time, the College requested the Superior Court of Fulton County to grant an amendment to its charter, which in substance would have permitted it to charge fees in the clinic. The Fifth District opposed the amendment and, while it lost the contest in the lower court, when taken to the Supreme Court the lower court was reversed and the College was denied the amendment. Despite this and the fact that the Supreme Court had clearly defined what constituted the legal practice of dentistry in the State of Georgia, which definition showed that the College was operating illegally, its owners and operators continued in their unlawful operations.

It was disclosed that the instruction of students was far from the principal motive of the organization. Facts proved that the College was a highly profitable, money making corporation. Bonds had been sold to men having no connection with the College and these bonds were paying a neat 9 per cent on each original one-hundred-dollar investment. Had this College been engaged in a purely commercial business, where financial gain was its accepted purpose, it would have been of no concern to the committee, but with dentistry an acknowledged health service that affects the nation, this College in undertaking the training of future members of the profession had a responsibility and obligation to the profession at large. Furthermore, where the College was supposed, through its clinic, to offer free dental work by its students to the poor of the city, the signed statement of forty-seven of the College's recent graduates disclosed that not one as a student had ever rendered a charity service to a single patient in the College infirmary.

Performance of such services in the training of dental students constitutes the *practice* of *dentistry*, for where "one charges a fee or salary or reward, whether paid or unpaid, to anyone directly or indirectly for dental work, such person practices dentistry

according to the dental practice act of Georgia," this having been clearly defined on two different occasions by the Supreme Court of the State of Georgia.

The Supreme Court's recent decision, March 8, 1939, goes into such detail as to make it clear that no charge can be made for any of the necessary overhead expenses incident to the operation of the clinic. The court states in substance that materials employed in placing restorations of teeth or the taking of roentgenograms constitute necessary materials incident to the practice of dentistry, and therefore no charge for these services can be made by an unlicensed student. The court went so far as to designate specifically that laundry, lights, water, maid or janitor service, heating, and so on, could not be included as a charge without violating the law as defined by the dental practice act governing the practice of the profession in the State of Georgia. Therefore, dental students, not being licensed practitioners, were committing acts in direct violation of the dental practice act.

These disclosures brought to light that here was an institution operating as eleemosynary and supposedly training its students through experience gained in charity work. Instead the institution was earning sizable profits. This meant money in the hands of the bondholders, but inferior training for the students who had enrolled in the school in good faith, and with deprivation of free dental service rendered by apprentices to those unable to pay.

## Society Concerned

This state of affairs of the dental college caused the Fifth District Society deep concern. Because of lucrative incomes and bonuses that accrued from dental college clinics, was dentistry going to fail to accept what medicine had taken to itself some thirty years before? In those past years medicine was in the same position as dentistry is today. Those in control of medical education, who were operating on a proprietary basis, refused to take action and right the situation until the press and public opinion forced the necessary steps to bring about changes for the better. Now was dentistry to follow the same course and remain separated from the broad principles of educational advancement? Would public opinion, as in the case of medicine, have to right things or would dentistry lift itself by its own bootstraps? The committee decided that the dental profession was quite capable of washing its own linen in private and not in public. Accordingly, the American Dental Association at its annual meeting held in New Orleans in 1935 was stimulated by the activities of the Fifth District Society of Georgia to start a movement to create a new educational council, which would have the responsibility of reclassifying all

dental colleges and correcting any irregularities found to exist. The move to create such a council was put into action at the American Dental Association's next annual meeting. This new council is under the direct supervision of the American Dental Association, the Board of Trustees, and the House of Delegates.

The outcome of the Fifth District's efforts has been that the Society is now victorious in its struggle for a more ethical system of dental education in its own territory. In addition, the Society has inspired the creation of a new council on dental education. In this it may have touched a match to one corner of a broom-sedge field representing dental education in the United States; for the council's fire of investigation, we believe, will sweep over the entire field of dentistry.

In the words of the Chinese philosopher, "A journey of a thousand miles begins with a single step." In like vein, it is known that a pebble cast into a body of still water creates ripples that spread in ever-widening circles. Who can say then what the efforts of the Fifth District of Georgia will mean to the advancement of dental education in this country?

1105 *Doctors Building*
*Atlanta, Georgia*

---

## DOCTOR TENCH SUGGESTS SUB-DENTISTS

To CARE FOR the basic dental needs of persons in the lower income group, most of whom receive no treatment, the creation of a classification of "lesser dentists" was recommended by Doctor Russell W. Tench, president of the Dental Society of the State of New York, in his presidential report read before the seventy-first annual meeting of the Society in the Hotel Pennsylvania, New York.

This proposal, according to the *New York Times* story, would set up a new type of dentist with an educational requirement of only three years of dentistry after high school, as against the present requirement of two years in college plus four years in dental school. The new dentist would be restricted to the performance of simple dental services, such as restorations and restorative operations. Doctor Tench's plan does not contemplate the supplanting of fully qualified dentists in their more extensive work, but would supplement them. He emphasized the fact that he considered it absurd for students to spend at least six years at great expense to become dentists and later be forced to perform simple dental services in the clinics at low salaries.

# *Chicago Dental Survey* ANALYZED

*by* C. RUFUS ROREM, Ph.D., C.P.A.*

I HAVE JUST finished reading Doctor Swanish's report on THE COST OF DENTAL CARE UNDER HEALTH INSURANCE.[1] I am still stunned from the implications of this study, not merely in relation to health insurance, but in relation to dental care for the American people. The report indicates that, on the average, the 4,211 persons who were examined are in need of something more than $50.00 worth of dental care "to safeguard the health of the person at the time the examination was made. This does not include any treatment which might be deferred to some future period."

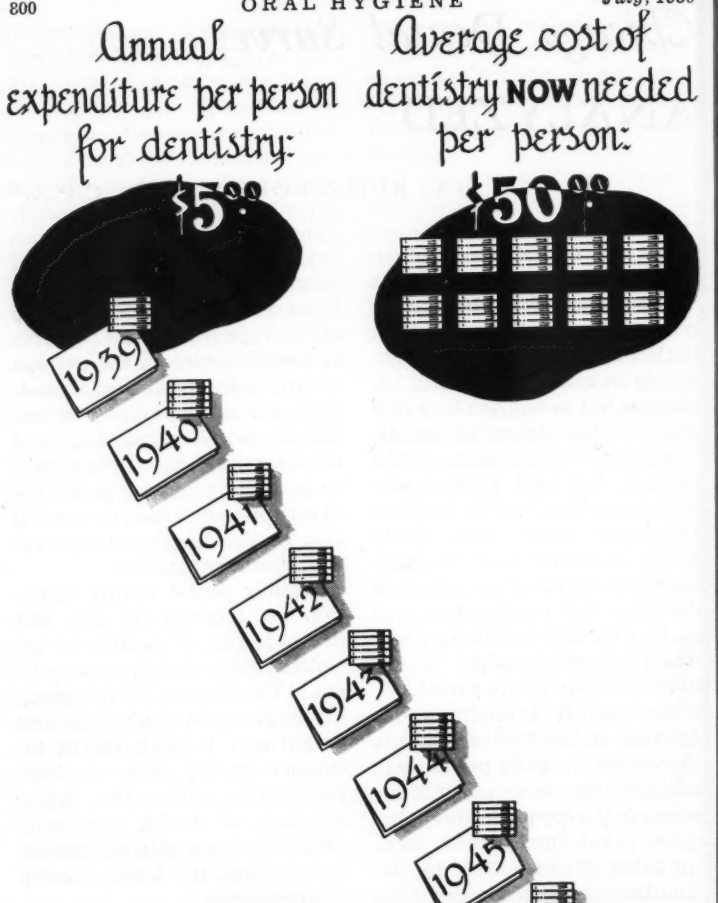
The annual expenditure for dentistry in the United States is approximately $5.00 per person, and something less than $4.00 for people in the economic groups included in this survey. At the present rates of expenditure by the American people, this means that the average person would need to incur an amount equal to ten or twelve years of dental service before his mouth would be put in shape "to safeguard his health."

The persons examined were not an unusual group. Most of them were employed and most of them were under 40. If a group of this type requires $50.00 worth of dental service on the average (nearly twice the annual expenditure for all types of medical, dental, hospital, nursing and other services), there would seem to be little practical possibility of ever providing adequate dental care for the American people for the present generation.

Possibly dental health education will improve the care and dental health of children in the United States. But it seems to be out of the question for this group of adults ever to purchase needed dental care through health insurance or any other method; particularly since the larger amounts of dental care were needed by those with the smaller incomes and the larger number of dependents.

The annual expenditures for good dental service probably are much less than the amount needed to restore these people to average health. But these were average people. For the women, it had been only one and a half years since they had seen a dentist, and for the men, something less than three years. Moreover,

*Director, Commission on Hospital Service, American Hospital Association.
[1] Swanish, P. T.: The Cost of Dental Care Under Health Insurance, The Chicago Dental Society, 1938.


Annual expenditure per person for dentistry:
$5.00
Average cost of dentistry NOW needed per person:
$50.00
1939
1940
1941
1942
1943
1944
1945
1946
1947
1948
TEN YEARS
to pay for amount of dental work needed NOW.

96 per cent of these people were classified as being in good health.

Most students of health insurance have felt that an annual expenditure of $5.00 or $6.00 per year was the maximum that could be expected from the American people, with their present standard of living and average incomes. This would be an increase over the amount now expended for dental services. The average might be greater for people in the higher income limit, but in no instance greater than $10.00 or $12.00 per year per person.

The question arises: Is it possible to provide reasonably good dental care for an average of $10.00 or $12.00 per person, or $25.00 to $30.00 per family? These amounts, it seems to me, are the maximum which can be expected from the average American employed person and family at the present time.

There is the possibility that the fee schedules used in arriving at the average figures of $50.00 per person are higher than necessary. Possibly some of the services might be furnished in such a way as to enlist the aid of persons below the educational qualifications of a dental surgeon. Likewise, the increased volume of work might bring down the cost of certain materials and processes below those that now constitute the ordinary reasonable charges in private dental practice.

It would appear impossible for the dental profession to perform all the needed service for the American people within a twelve-month period. Even using an average of $40.00 per person (to safeguard the health of the person) would represent an annual expenditure of $5,000,000,000, which is more than the total amount expended for all types of health services. And even then, there would still be "treatment which might be deferred to some future period."

Dental service appears to the layman to differ from that of other types of health service, because it involves specific technical procedures as well as the exercise of judgment and analysis. Possibly, however, the patient himself could do more than is sometimes realized in bringing about an improvement of his own condition. So far as health insurance plans are concerned, dental services apparently must be kept at the minimum, unless the healing professions are to discard attention to all other parts of the body and concentrate upon the care of the teeth.

The outlook staggers me. The Committee on the Costs of Medical Care[2] reported a current need for approximately four times as much dental care as is now rendered. The Chicago Dental Society's report indicates that it would take the equivalent of ten years of dental treatment merely to bring the average mouth to a point that would "safeguard the health of the person at the time

[2] Committee on the Costs of Medical Care: Medical Care for the American People, The University of Chicago Press, 1932.

the examination was made."

There appears necessary a complete reorientation in considering the economics of dental care. The study forces the reader to one of several conclusions, each of which requires courage and objectivity in its consideration. First, it may be that the persons examined had worse dental health than the average. This seems improbable, since they were among the employed population, although children and younger persons are probably suffering less from neglected teeth. Second, the actual costs of performing the necessary work might be reduced if all possible economies were employed in personnel and materials. But even if the average population required only half as much dentistry as this group, there would still be four or five years' expenditure necessary just to bring dental health up to normal. Third, possibly the amount of dental care needed was overstated by the examining practitioners. This seems improbable, since it was based upon immediate health requirements, rather than ultimate desirable standards.

Finally, it is possible that dental service must be provided on an entirely new economic basis or that some technique must be found to make dental care unnecessary. We cannot stop the complex business of living, and spend all our time or money in the care of our teeth. We must eat, sleep, wear clothes, move about, and amuse ourselves, even though the economic organization of dentistry requires an occasional toothache or foregoing the hygienic and esthetic values of modern dentures.

18 *East Division Street*
*Chicago, Illinois*

# *Kellogg Foundation Plans for* CHILD HEALTH

MORE THAN FIVE years ago the W. K. Kellogg Foundation of Battle Creek* sent members of its staff into nearby counties of southwestern Michigan to consider the possibilities of establishing adequate health service for the children. These men had no preconceived plan of procedure. They simply acted as investigators trying to determine what the facilities of the communities were and how they could be utilized for the health, welfare, and happiness of the children. The result of this preliminary investigation is the Michigan Community Health Project, which was established five years ago in seven southwestern Michigan counties.[1] This area, with a total population of 220,000, most of which is spread out over farms and in small communities, is now being served effectively. Instead of imposing a rigid plan for health service, the Foundation is attempting to bring the best of current thought on health problems to the attention of the adults, who are responsible for the health of the children. It is an effort to arouse the interest of all concerned and show them how to utilize their own community resources for the benefit of their children.

The moving force behind this project, the W. K. Kellogg Foundation, is a non-profit corporation set up by W. K. Kellogg in June, 1930. Its purpose is "the promotion of the health, education, and well being of children directly or indirectly without regard to race, creed or geographical boundary." During the year

*The silhouettes illustrating this article are reproduced through the courtesy of the W. K. Kellogg Foundation.

[1] The southwestern Michigan counties cooperating in this project are Allegan, Calhoun, Barry, Eaton, Branch, Hillsdale, and Van Buren.

ending August 31, 1938, this organization expended more than $1,100,000 in the furtherance of these aims. In the national field it subsidized Columbia University for research on rheumatic fever, which is considered the cause of more disability among young children than any other communicable disease. To the American Public Health Association the Foundation contributed generously for studies to aid in the prevention of diphtheria, scarlet fever, poliomyelitis and other communicable diseases.

Despite these far flung activities in this and other countries, the major interest of the Foundation is the Michigan Community Health Project. This is a broadly conceived health and educational program, which includes in each county the official health department, a supplementary health program, education, children's camps, and general services. On the staff of each county health department there is a medical director, a physician, who is responsible to the W. K. Kellogg Foundation for the operation of the program in the entire country. He is also a legal health officer and is responsible to the county board of supervisors and the state health commissioner. One or more public health engineers advise on home hygiene and sanitation of food, water, and milk supplies, and there is one family health counsellor, who is both a nurse and a teacher. These three classes of executives, with the aid of one or more clerks, comprise the staff of the health project set-up in each county.

## Budget Costs

The county health departments of this Michigan Community Health Project operate on a budget, and the costs are allocated between the local governments and the Foundation. It has been estimated that the cost of health service in these countries is $1.00 per capita. Of this, the state government supplies from 7 to 14 cents, the county government, from 2 to 28 cents; and the rest is furnished by the Foundation. It should also be kept in mind that the state and county contributions are made only to the health department, not for the rest of the educational program.

To keep this whole project on a voluntary basis, the W. K. Kellogg Foundation has advised the counties it will continue its financial support as long as necessary "if the citizens of the counties really want the service." To give evidence of a sincere interest in the project, the Foundation has asked that, after five years, the county board of supervisors vote an appropriation of at least 25 cents per capita as an aid in maintaining the program.

As one of the phases of the supplementary health program, the Foundation has arranged

with the county dental societies for the examination of preschool and entering school children in dental offices. The Foundation contributes toward the cost of these examinations, and complete dental care through the tenth year may be provided for the child if the parents cannot afford the cost of service.

Although all the services of this project are considered educational, an effort is being made to give special courses to nearly 2500 persons who work with children in the different communities. This training, sponsored by the Foundation, includes scholarship permits for universities, extension courses, and the provision of speakers for study groups, meetings, encampments, and supplying of professional books without charge to many groups.

## Cost of Project

Taking as a sample year, the one beginning September, 1937, and ending August, 1938, we find that the Kellogg Foundation has spent more than $689,000 during that period, which means $3.11 for every man, woman, and child in the operating counties. Of this amount, $185,000, or 84 cents per capita, has been paid directly to the seven county treasurers for the operation of the health departments.

Through all the activities of this project, as well as in the financing, one of the main policies of the Foundation is constantly reflected—to avoid shouldering the entire responsibility. Officials of the W. K. Kellogg Foundation believe that it would be unwise for them to attempt to dominate the project, to set down arbitrary rules, and to regulate the health program by remote control. They prefer to have the men and women of each county consider the project their own and to develop methods best for their communities out of their own facilities.

## The Dental Program

In setting up the program for dental care, the Foundation decided that dentistry must be considered as part of the general health program of the community. Commenting on this part of the project, Doctor Emory W. Morris, associate director of the Foundation and consultant in dentistry, said: "A dental program for an area cannot be developed as a thing apart from all other programs designed to promote health. In the past, we have overemphasized the importance of dentistry in its relation to all the other programs designed to promote health. If we are sincere in our belief that the whole child should be considered, let us develop the dental program so that it can be integrated in the general health program . . . rather than developing self-sufficient machinery for dentistry with total disregard for the machinery being developed for the same

child on the other phases of health."[2]

The first step taken toward establishing the dental program was the organization of the county dental societies, "small groups with common problems," in the southwestern Michigan counties. These dental societies were advised by the county health departments to set up their own programs for dental care. The societies were to use whatever facilities they had available, and the health departments agreed to aid in creating a demand for the dental service and to supply the necessary funds. The dentists were to provide the third essential for a complete program, the dental service. As against curative dentistry as it is practiced today, the dental societies and the Foundation decided that preventive dentistry begun at an early age offered better possibilities for dental health in adult life. The basic philosophy behind the dental plan was that many more persons could afford the small cost of periodic treatment than could absorb large bills for curative care at rare intervals. To accustom them early to visiting the dental office, the first step in the program called for the examination of the school children in the dentist's office, not in the school. It was thought that this type of examination would have more educational value for the child, parent, teacher, and dentist.

As soon as the first children began to appear in the dental offices, it became evident to the dentists that time could be saved and more effective service given if they had a little cooperation from the teachers. The dental societies, therefore, decided to ask the teachers to give the child certain dental facts before he went to the dentist and then suggest that he make an appointment with his family dentist for additional information and examination. In discussing why this plan was followed rather than having a school nurse or health educator conduct special dental classes, Doctor Morris had this to say, "The majority of dental health programs . . . literally turn the school programs topsy-turvy trying to create the proper attitude toward dentistry and provide the child with sufficient knowledge regarding dental health to assure him that he will not go through life a dental cripple . . . Health instruction so conducted is the most ineffective teaching which is done in any part of the school curriculum today."[2]

When the teachers had been taken into the dental program it became necessary to give them an opportunity to learn more about the health problems of the whole child, and the Foundation decided to provide them with this training. Superintendents and teachers were offered six and eight weeks courses at uni-

[2] Morris, E. W.: The Utilization of Community Resources in the Health Program, J. A. D. A. 26:493-505 (March) 1939.

## FELLOWS IN PUBLIC HEALTH DENTISTRY

Dentists interested in the field of public health are being offered fellowships by the W. K. Kellogg Foundation, under whose sponsorship they can familiarize themselves with the practical operation of the Foundation's dental program.

*Qualifications*:

Each fellow making application shall

1. Be a graduate of a Class A dental school.
2. Have spent at least one year in graduate training leading to a master's degree in public health or a certificate in public health.
3. Have a definite plan or have a position available to him at the completion of his fellowship in some local, state, or federal program.

*Scope of Program*:

1. The first month or six weeks of his training each fellow will be assigned to the office of the Consultant in Dentistry, familiarizing himself with the dental program in the area and assuming such administrative responsibilities as the Consultant shall deem advisable.
2. Field experience—six months. The fellow will be assigned to the various county health departments for periods of from two to six weeks, and at this time will have an opportunity of familiarizing himself with the administrative problems, records, and programs. During this period the fellow will spend considerable time with the family health counsellors and engineers making field visits and home calls, visiting dentists, and attending meetings of the county medical, dental, and educational groups.
3. Special studies. Each fellow will be required to make from one to three special studies on various phases of the dental program under the direction of the Consultant in Dentistry, and prepare a report on them.
4. Each fellow will have the opportunity of taking one or more extension courses in education for credit. These courses are given in the area.
5. Field work outside the area. An opportunity will be provided the fellow to spend time with the Director of Dental Public Health of the Michigan State Health Department and with the Director of Dentistry for the Children's Fund of Michigan.

*Remuneration*:

Each fellow is required to spend twelve months, for which period of training he receives $200 a month salary, plus $25.00 a month travel and car allowance.

*Credit*:

The University of Michigan grants six to eight hours of graduate credit for the field work to fellows enrolled in the Graduate School.

versities, and extension courses as well. To date, 1,342 of the 1,985 teachers in these seven interested counties have taken the courses in health instruction in ten different institutions. A continuous educational program is now being developed for teachers, which will make them capable of giving modern, progressive assistance to dentists at all times.

## Dental Service

As for the dentists, they have assumed responsibility for the examination of their own and prospective patients, who are sent to them from the schools. The county health departments contribute $3.00 per hour for the time the dentists spend on the examination, and they also contribute toward the cost of bite-wing roentgenograms. For the first year the project was in operation, it was decided to confine the remedial program to children of 6, 7, and 8, giving them a recheck service with the correction of new defects until the children reached the age of 11. Later other age groups were included. In all cases the families of the children were handled in three groups with reference to the payment of fees: those who had sufficient funds, those who could pay part, and the families that had no income whatever.

Because the pre-school children could not be reached through the schools, it became necessary for the dental and medical societies in each county to cooperate to see that these children received dental care. Physicians agreed to advise parents of these children to take them to the dentist sometime between the second and third year.

In this way many dentists who had been out of school ten or fifteen years began to acquire child patients, and at the same time they realized that they were deficient in the newer practices in children's dentistry. When this was brought to the attention of the Foundation, arrangements were made to permit the dentists to take two-week postgraduate courses with all expenses paid in the Dental School of Northwestern University, the Forsyth Dental Infirmary, Boston, and the Murry and Leonie Guggenheim Dental Clinic of New York. In these courses dentists were offered an opportunity to review newer methods in children's dentistry, and to hear lectures by educators on the correct approach to the child. During the past five years, 80 per cent of the dentists in these seven Michigan counties have taken all three of the postgraduate courses. For the benefit of those dentists who wish to make a more extensive study of new techniques in children's dentistry, the Kellogg Foundation has made a grant[3] to the University of Michigan to-

[3] New Dental School for University of Michigan, ORAL HYGIENE 28:1562 (December) 1938.

ward a graduate and postgraduate school in children's dentistry, which is now under construction. Here dentists will be able to study the various types of dental service at a fee that is not prohibitive for them.

For dentists interested in the field of public health dentistry, the Foundation offers fellowships, which give an opportunity to study phases of public health in rural areas, to assume responsibility for direction of the various phases of the Foundation's county dental programs, and to make field studies relative to dental needs.

## Results of Program

Although it is impossible to set down in concrete form the far-reaching results of any health program, in the reports from the different counties[4] in which dental care has been given for the past five years, some significant figures appear. For instance, a saving to the dentist in time is revealed. The average amount of time recorded in the county reports for a new case is 65 minutes, which means that only about half as much time is required per patient to practice preventive as curative dentistry. There is also recorded[2] a definite effect on the practices of the dentists. In the case of Dentist A, for example, who practices in a community of 1300, 275 children received complete dental service in his office the first year the Michigan Community Health Project was in operation. The past year he took care of 1200. Dentist B, in a community of 7000, has had an increase of child patients in three years from 193 to 816. Dentist E is over 60 and wasn't much interested in children's dentistry. The first year he gave dental care to only 32 children. Then he took a postgraduate course, became enthusiastic over better dental service for children, and the past year he gave complete dental care to 463 child patients.

There is other evidence in county reports that this Michigan health project is leading more persons to assume health responsibility. "For the area as a whole," Doctor Morris reports, "during the first year of our activities, the health departments contributed toward 48 per cent of all complete dental care. This figure has been decreasing steadily, and today we are contributing to only approximately 20 per cent of the entire group receiving care. This shows definitely that many more people are able to afford the small preventive cost when they are educated to the value of this service . . . "

Briefly surveyed this health project reveals how community resources can be mobilized effectively to serve health needs.

[4] The Michigan Community Health Project. A summary of the Reports for the year September 1, 1937 to August 31, 1938 of the Seven Counties Cooperating with the W. K. Kellogg Foundation.

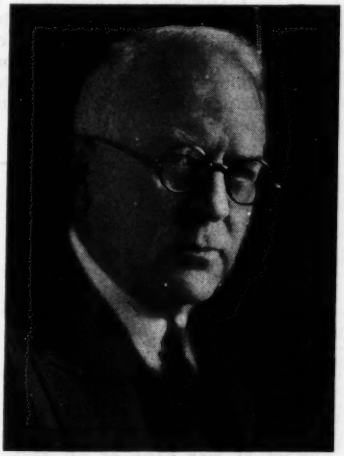

Michigan
DETROIT
KELLOGG FOUNDATION
CHILDREN'S FUND REGULAR PROGRAMS
CHILDREN'S FUND SUMMER PROGRAMS

# *A Twenty-Five Year Program* FOR DENTAL HEALTH

In April, 1929, the late Senator James Couzens established the Children's Fund of Michigan by an outright gift of ten million dollars. Later he added $2,200,000 to this, all of which was to be used for the benefit of children in Michigan primarily but also in other parts of the world. Further the donor specified that all the money should be expended in twenty-five years. With considerable foresight he avoided leaving a gift in perpetuity, which would tend to remove from future generations the responsibility of health care for their children.

At the time this gift was made, neglected dental disease among children was considered one of Michigan's most pressing public health problems. Thus, when a Division of Child Health was created by the action of the Board of Trustees of the Fund in September, 1929, a statewide project of dental correction and education was planned as one of the major activities of the Child Health Division. The dental program got under way when the first dentist was appointed on November 25, 1929. By May 1, 1939, a field staff of fifty-three dentists was operating a dental education program for all children and a corrective program for the indigent children of sixty-four different counties and areas of the state of Michigan.

During the ten-year interval in which the program has been operating, the annual dental budget has come to include three separate dental programs: the regular dental program, an outstate year-round program of dental correction and education; a three-month summer dental program of emergency dental correction carried on for indigent children in approximately twenty counties and urban areas not reached by the regular program; an eight-month Detroit



Senator James Couzens, 1872-1936

## THE OPERATIVE DENTAL PROGRAM

The operative side of the Children's Fund dental program is an attempt to bring dental health to underprivileged children through operative procedure.

When a decision to operate a dental program in a given county has been made, the following procedure in setting up a dental clinic is observed:

1. The dental equipment is set up in a school room.
2. Classroom lists of the children in the school area to be serviced are prepared.
3. These lists are checked for eligibility; and indigency is attested by two local agencies, such as teachers, public health nurses, or other local officials. Eligibility lists are also checked by local dentists to prevent any child whose parents can afford to pay for dental treatment receiving free service.
4. A preliminary examination with mouth mirror and sharp explorer is given to all children in the area to determine which ones require dental treatment.
5. Children who are able to pay for service are referred to the family dentist and the others are treated in the clinic, after the parent's consent has been secured.
6. In case of the indigent and the others, completion of treatment is reported back to the school nurse or teacher. The child's name is placed on the classroom honor roll. When this roll reaches a certain number, each child recorded is presented with a dental honor pin, and when the school attains 100 per cent dental health the school receives a dental health banner. Gradually, the use of awards is being discontinued.
7. Operative treatment in the clinic consists of all forms of dental treatment except bridgework, inlays, crowns, and orthodontia. If an indigent child needs such special treatment, it may be secured from the family dentist with the Children's Fund paying the bill,[4] provided all other avenues for payment have been exhausted.

Dental Program of dental corrections by the Children's Fund staff and education by the Detroit Dental Society. All these programs are now and have been continuously under the direction of Kenneth R. Gibson, D.D.S.

Early in the operation of the dental program it was found that almost 85 per cent of all children who came under observation were in need of dental service. In the past ten years children have made 908,166 visits to various clinics for some form of dental care. During these visits 811,238 teeth have been extracted, and 1,008,743 restorations placed.[1] Consequently, the den-

[1] Gibson, K. R.: A Ten Year Summary Report of the Dental Programs of the Children's Fund of Michigan.

tal, educational, and correctional work have together become the largest single unit of the Children's Fund activities.

In the Michigan program there has been an opportunity to compare the two different methods of providing dental services to underprivileged children: through an organized clinic plan or by means of a dental participation plan. As its name implies, the dental participation plan is one that requires the inclusion of a large number of private practitioners of varying abilities and interests and the reference of children to their private offices for treatment. In the organized clinic plan comparatively small numbers of highly trained dentists are employed on a staff basis, and they work under supervision in either central or detached clinics to which children who are unable to pay for service are sent regularly through the school organization.

According to Doctor Gibson, the Children's Fund has demonstrated during the past ten years that organized dental clinic programs in preference to the dental participation plan:

1. Give more insurance of quality of service.
2. Provide more certainty of getting what is being paid for.
3. Provide a more satisfactory volume of service.
4. Allow for low production costs.

Doctor Gibson has come to the conclusion that "the organized dental clinic plan meets the yardstick of measurement of a public health dental program—it gets things well done in large volume and at reasonable cost."[2]

A report[3] on actual costs of dental services given in the summer dental program in 1934 showed that 15,826 clinic visits were made, and 57,520 dental services were given at an average of 28 cents per service.

## Effect of Program

Besides the giving of economical service, the dental program has stimulated the growth of county and district health departments in Michigan. In 1929, when the program was first put in operation, there were only four single county health units in Michigan. Since then the Children's Fund has aided in the organization of 19 new county and district health departments to serve the needs of forty-one counties. In the whole state there are now fifty-eight counties having health departments, although these, of course, are not all traceable to activities of the Children's Fund. Nevertheless, the stimulating effect of this program in this development is unquestioned; it has made all the people of Michigan more health conscious.

---

[2] Gibson, K. R.: Some Considerations of the Dental Health of Children with Suggested Means for its Improvement, Read before the Cleveland Child Health Institute, Cleveland, Ohio, March 16, 1939.
[3] Gibson, K. R.: Can Rural Dental Service be Given at Reasonable Cost? J. A. D. A. 23:1774-1782 (September) 1936.
[4] Gibson, K. R.: The Children's Fund of Michigan, Address read before Meeting of the American Dental Association, Buffalo, September 14, 1932.

## RESULTS OF DENTAL PROGRAM

Child health has been improved in Michigan through the provision of dental services by the Children's Fund. During the period May 1, 1929, through February 28, 1939 the records[1] show that

410,366 children received dental treatment
207,552 children were referred to the family dentist
991,818 restorations were placed
799,736 extractions were performed.

Although ten years ago the number of dentists in either rural or metropolitan areas of Michigan who were willing to do children's dentistry was pitifully low, it is not so today. Of the 187 dentists who have been employed for varying periods in one or another of the three dental programs, 150 have been released into private practice on the completion of their period of service. Bringing with them a new enthusiasm for children's dentistry, they have aroused the interest of other dentists in this important service. Partly through the influence of the Children's Fund, also, the schools of dentistry of both the University of Michigan and the University of Detroit have improved their

## LOCAL RESPONSIBILITY INCREASED

In the various counties where the Children's Fund has been operating dental programs, citizens of the localities have shown an increasing interest in providing financial assistance for dental health. Their contributions[1] show a substantial growth, as indicated here:

| *Contributions to all Dental Problems* | |
|---|---|
| 1935-36 | $10,891.00 |
| 1936-37 | 16,266.09 |
| 1937-38 | 25,175.19 |
| 1938-39 | 30,407.79 |
| Total | $82,740.07 |

courses in children's dentistry and established separate clinics for the study of children's dental needs.

"The cooperation, which has been received from the members of the dental profession throughout the state, has been most gratifying," Doctor Gibson said recently in reporting on the results of the ten-year program of the Children's Fund. "They have donated freely of their time and effort in making dental examinations, giving lectures in dental health, performing special operative services at reduced fees, and rendering emergency treatment when the clinics were transferred from their districts. Further evidence of their public spirited attitude and desire to be helpful is their many requests for the resumption of temporarily discontinued programs and their offers of their own offices in which to carry on the work when the local facilities were wanting.

"School authorities," Doctor Gibson added, "have always demonstrated their active interest and good will by their wholehearted cooperation and earnest endeavor to better the dental health of their underprivileged children. Theirs has been a vital factor in making the dental program an effective agency in health promotion over the period of the past ten years."

---

## HARVARD MEDICAL AND DENTAL SCHOOL TO MERGE

A SENSATION IN dental circles was caused by the announcement that the Harvard Dental School will cease to exist as such at the end of the current term, because the corporation and board of overseers of Harvard College have accepted a plan of reorganization submitted by President James Bryant Conant and his advisers. After seventy-two years of existence, the Dental School will become merged with the Harvard Medical School for the training of a small body of specialists for service in hospitals, public health, and the educational field.

In making this change, which introduces an entirely new idea into the field of dental science, President Conant faces strong opposition from the alumni of the dental school, who object to the relegation of their profession to the category of "ingenious mechanics."

For aspirants to the degree of D.M.D. the period of instruction will be lengthened from the present four years to five. Students will be taught all the subjects which medical doctors are required to master and will in fact be doctors of medicine before they finally emerge as doctors of dental medicine. No instruction in the mechanics of practicing dentistry, such as placing restorations and extractions, making of dentures and bridge work will be given. Those of the graduates who desire to practice their profession actively, rather than serve as professors of dentistry or consulting experts, will have to obtain their practical training as interns after graduation.

# DENTISTS' INCOMES ANALYZED

RESULTS OF A nation-wide survey[1] of dentists' incomes published this year form an interesting commentary on the effect of economic trends, the type of dental practice, and geographic factors on dentists' incomes. In 1937 the average net income of dentists in the United States was $2,914, as compared with an average of $4,273 in 1929, and $2,251 in 1933. Only 6.5 per cent of all the dentists reported incomes in excess of $5,000 in 1933, as compared with almost 30 per cent in 1929.

In considering the returns by type of practice, the investigators found that the 2.5 per cent of practicing dentists, who were wholly specialized, received an average income of $5,451 in 1937. This was almost 50 per cent more than the average income reported by the 5.9 per cent of dentists who were partly specialized, and almost double that of the general practitioners who represent 91.6 per cent of the total number of active dentists. While 25 per cent of the wholly specialized and 10 per cent of the partly specialized dentists reported incomes in excess of $7,000, less than 4 per cent of the general practitioners reported incomes over $7,000.

The influence of geographic location on dental practice was also reflected in this survey. Dentists in the Pacific states had the highest average and median incomes. Although the Middle Atlantic group showed an average income almost equal to the western states, their median income ranked fourth among the geographic divisions, indicating a higher dispersion of individual incomes in that group of states. New England dentists ranked fourth in average income, but second in their median income.

Comparing the gross income to net income, it was found that in 1937 independent practicing dentists retained an average of 56 per cent of their gross income as net income. In the low income brackets, however, a low ratio of net income to gross income was shown; those whose average incomes were between $500 and $999 showed an average ratio of net to gross of about one-third.

---

[1]Lasken, Herman: Incomes of Dentists and Osteopathic Physicians, a nation-wide survey conducted by the U. S. Department of Commerce with the aid of the American Dental Association, published April, 1939.

# *A Dental Organization Becomes Articulate*

*by* JOHN W. COOKE, D.M.D.

WHEN A MAN ACHIEVES some public prominence, he is not infrequently required to make public statements. When he does so, he is sometimes obliged to defend these statements, in order to maintain his position. If he occupies no position of prominence, no one cares very much what he says; and consequently he is rarely called upon to justify his position and to defend his utterances.

An organization is simply a group of individuals, small or large, who are banded together with a common purpose; an essential for organization.

The unsupported statement of one person is seldom valuable. When, for instance, one says, "The President of the United States," reference is made to an organization and to one person. In dental circles, there is sometimes a tendency to mistrust the unsupported statement of one man, and to accord to such an opinion confidence, only when it has the weight of organization backing. Better still, for the welfare of all concerned, is the backing of an organization, if possible, without the use of any individual names.

This is one of the purposes for which The Massachusetts Dental Foundation was founded.

There is one requirement which ought to be mandatory of any source of public information. It is this: There should be something to be said, or printed, which needs saying, or printing. There are other requirements, such as simplicity, visibility, and repetition having directly to do with public acceptance of the simple truth, which need no great consideration here. The thing for dentistry to decide is this: Has it something to say, which should be said to the public? Can this information be presented in a dignified, ethical manner, for the benefit of the public dental health, and to the advantage of dentistry? If this can be done, then the project is worth while, and it should be attempted. Many dentists in Massachusetts consider that these requirements can be met and that a notable start has been made. Progress, we believe, has been made from fundamentals with, to date, a minimum of error.

What, basically, can dentistry say to its public? This: First, we can say to John Public, "If you take care of your teeth, you will

't Let the Fire S

...ttle's no dangerous. Easy to start—hard to contr... a tiny spark can result in destruction of life and ...

## Lovely to Look At

NATURALLY beautiful—sweet and wholesome—a charming smile. Healthy teeth. You can be sure she is taking good care of them. Her dentist sees to that.

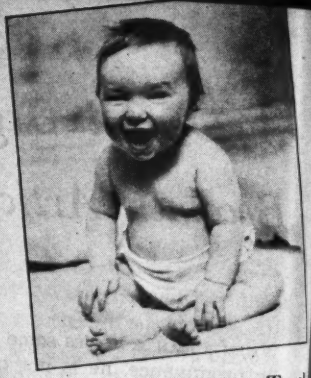
Teeth lovely to look at, yes—but more important still they contribute to her happiness and are important factors in her good health

*"Ask Your Dentist"*

★

MASSACHUSETTS DENTAL FOUND...

*Sponsored by The Massachusetts Dental Society*



## Why Bother with Baby Teeth

...e had these teeth. But remember this—... one is important. Each o... Their early loss c...

## A Child's Crooked

HE hates to wash and won't brush his hair crooked, but who cares—now? The child is too young to realize—most important, if y...

## Teeth and My Job

## Dentist Was Right

...said that some teeth have a way of growing old too soon. They don't just stand still. After middle age you have to watch them more than ever.

I never overlooked teeth and health even though I was ill from well. I was old enough to hate any kind of change. ...ings turned out, my dentist was right! I feel well sure and ...en food.

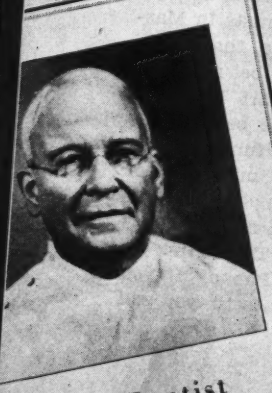
Why, of course. And my children, bless them, tell me I ... younger.

*"Ask Your Dentist"*

★

...CHUSETTS DENTAL FOUND...

...ored by The Massachusetts Dental Society



## Your Dentist

...Relief from pain, surely. But ... also regularly.

## Your Baby Has a Friend

THE child's very helplessness, the ... thoughtful care, plus ... who watch ...

have less trouble than if you don't." This makes the problem a subjective one, not John Public's sister's or that of Mrs. Jones across the street. It means exactly what it says. You, if you take care of your teeth, will have less dental trouble than if you neglect your teeth. And, secondly, it is far less costly in time, pain, and money to take care of dental troubles when they are small and simple, than when they are big and complicated. Elementary, almost childish, but the broad highway of fundamentals leads into strange roads of simple, detailed information, which the public is interested to know for reasons of health, pride, fear, and of economy. John Public is no fool. But he has become accustomed to receiving information, some of it good, at the hands of experts, who are trained to state problems with apparent simplicity, in order that John Public may have his interest caught, and held, and increased.

In Massachusetts, a few dentists believed in the helpful possibilities of sensible public relations. The project was a large one. It involved two-syllable words in print and in speech. It implied paid space in newspapers, news items, simple radio broadcasts, and a group of dental speakers, so tuned to the public's mind that they could strip themselves of complicated verbiage, and meet the public's level. The problem called for stimulation of interest by all dental organizations in Massachusetts, and by every available individual dentist. Almost two years were spent in preliminary effort. And, following almost no opposition, once the purposes of the movement were made plain, the State Dental Society authorized the formation of a separate body, later termed The Massachusetts Dental Foundation, which was chartered with the direct purpose of stimulating public interest and knowledge in dental service through any ethical and dignified medium. A large order, you will say. But it provoked an unusually large response.

Lacking funds, since the State Society could be of no financial assistance, The Foundation went to a leading Boston newspaper, which helpfully promoted a campaign of paid space advertising within its columns. The material that was presented on eight successive weeks to a newspaper-reading public was painstakingly prepared to give a maximum of information with a limited number of words. Over 550 dentists, well in excess of 25 per cent of the State Society membership in advance of any tangible return for their support, contributed financially to this undertaking. The response to date has been startling. The Directors of the Foundation, naturally enough uncertain as to the reception of this novel approach to public information, tried to prepare for opposition and criticism. Relatively speaking, no opposition has appeared, and criticism has been of a constructive helpful

nature. During the seventy-fifth annual meeting of the State Society, held in Boston during the last week in April, a three-day campaign for future pledges to carry on this work resulted in an amount subscribed substantially the same as that which was raised during last winter's efforts. A small start from nothing, but great encouragement for future accomplishments.

It is still, relatively speaking, a small accomplishment. Massachusetts is a small state, geographically speaking, but it contains 4 million residents and 3500 dentists. The foundation organization at present is concentrated too much in and around Greater Boston. Next year, it will be different. Outlying newspapers will be used to carry a simple message. Radio broadcasts are in preparation, which will be recorded and used in various sections as transcriptions. A modest library of simple dental articles for public consumption has been collected and reprints, as long as they last, are available to dentists wishing material for talks before lay organizations

The cardinal requisite is that dentistry has something to say. This requirement, we believe, we can fulfill. We are convinced that usable public information is a matter of education. If it is advertising, then all education is advertising.

What about the future? We don't know about the future. Who does? We are concerned with the present and with its future implications. We know that we can do a good job, because dentists are helping us. And when dentistry has the support of dentists, success is assured.

60 *Charlesgate West*
*Boston, Massachusetts*

---

## THE COVER

This month's cover is reproduced from a photograph by Clarence Purchase, especially made for ORAL HYGIENE. The subject is the Lincoln statue by Gaetano Cecere on the Lincoln Memorial Bridge at Lake Park, Milwaukee, where the American Dental Association meets this month.

# *The Rockefeller Foundation Reports On Dentistry*

THE RECENT PUBLICATION of the Rockefeller Foundation reporting its activities for the year under the title A REVIEW FOR 1938[1] is far from being a dry, statistical record of accomplishments. President Raymond Fosdick, in this book, discusses fully the health and social aspects of the work his organization has been doing and gives his considered opinions on present trends in dental and medical research.

Considering the dental field, Doctor Fosdick talks in plain terms of the need for more research, which must begin with the location of funds to support such research.

"Although America leads the world in dentistry," he said, "it is a leadership based more upon ingenuity of a mechanical sort than upon the amount or character of research done on the anatomy, pathology, or physiology of the oral cavity.

"Almost no dentists are trained in such a way that they can do research of a quality comparable to the research in medical schools on medical and surgical problems. Until our dental schools are brought more closely into line with our medical schools, much of the mechanical brilliance of American dentists will remain that and nothing more, and the essential curative and preventive measures will go unstudied."

Largely because of the support and stimulus of the Carnegie Corporation, Doctor Fosdick adds that an auspicious beginning in this field has been made. "But," he continues, "the field is vast, and large sums are necessary adequately to cover it."

Doctor Fosdick explained that the Rockefeller Foundation is not able to enter the field of dentistry because it is concentrating all funds available for the medical sciences on the problems of mental hygiene, which he considers one of the most undeveloped areas in all medicine. Out of the total appropriation of $15,000,000 made by the Rockefeller Foundation last year for all activities, $3,800,000 went for use in the medical sciences.

In commenting on the remark of a recent writer that scientific research should not be left to the uncertainty of private philanthropy but should be made the responsibility of the government, Doctor Fosdick records his observation that in the field of medical research the trend is in the direction of larger funds for research in tax-supported institu-

[1]Fosdick, R. B.: The Rockefeller Foundation, A Review for 1938, New York, 1939.

tions as against diminishing funds in private institutions. "A recent study," he points out, "shows that for the eight-year period ending in 1936, research funds in all fields of knowledge decreased 16 per cent in the leading private institutions of the United States and increased 41 per cent for the same period in the state institutions." This development is logical, according to Doctor Fosdick, because, on the one hand, there is a declining yield from investments and, on the other, there is a widening of the activities of public agencies in health and education and welfare with the consequent and inevitable trend toward greater governmental participation in the costs of research.

Both public and private research have their own peculiar weaknesses in the opinion of Doctor Fosdick. He considers that salaries in tax-supported institutions are too low, which means that the best talent is likely to be attracted to the private institutions or to industry. He also sees a danger that the public, impatient for quick results, will insist that tax money be used for utilitarian ends. On the other hand, private research institutions are handicapped because of limited appropriations. "Private organizations cannot dream of matching the sums for research to which government has access," Doctor Fosdick said. "Within the year . . . Congress made available for research in cancer a sum of money for annual expenditure that is comparable in amount to all the grants from private sources in the United States put together."

In the opinion of Doctor Fosdick both public and private research are necessary, and neither should occupy the whole field.

# DEAR ORAL HYGIENE:

"I do not agree with anything you say, but I will fight to the death for your right to say it."—VOLTAIRE

## Training of Dentists

ON READING Doctor Wack's article TOO FEW DENTISTS,[1] I was astounded. At first I disregarded the illogical arguments, but when I realized that, if one with a perspective so badly distorted is being permitted to persuade others to his way of thinking, it is high time someone straightened him out.

By his own words he admits that his appointment book is blank; children come to him scared and dragged in by the mothers; and he finds it difficult to place restorations in deciduous teeth.

My advice, then, is that he take a course on dental economics and also a refresher course on children's and preventive dentistry. It is plainly seen that his approach to and education of the parent and child is badly managed.

What does Doctor Wack propose to do when he no longer is physically able to perform all branches of dentistry? Why not establish a practice of preventive dentistry? Why not educate the parents to the value of prevention, and then perform such initial operations on the child (after the proper approach and education) as will place the child's mouth in a state approaching immunity? And from there on, have a properly trained associate perform such necessary operations as will continue to prevent future dental ills.

It is plainly seen that Doctor Wack does not know all the methods of prevention, and particularly those that do not require any knowledge of bacteriology and histology. I wonder if he has heard of Prime's treatment or of a Willett inlay. If he had, he would not have said that "It is much more difficult to place a restoration in a deciduous tooth than in a permanent tooth."

Would Doctor Wack rather have a competent person who is well trained to perform certain duties or have a disinterested ill-informed dentist perform those duties merely because he has a degree and is so licensed? Would he revert back to the days of the hand drill and the foot engine? Then why take a backward step or stay at a standstill?

My advice to you who feel the same as Doctor Wack does is to take inventory of yourself, and find out why your appointment book is blank, and why you make children's dentistry so difficult and unwelcome.—WALTER S. WEISZ, D.D.S., 1831 *Murray Avenue, Pittsburgh, Pennsylvania.*

[1] Wack, Louis: Too Few Dentists, ORAL HYGIENE 29:557 (May) 1939.

# Editorial Comment

GIVE ME THE LIBERTY TO KNOW, TO UTTER, AND TO ARGUE FREELY ACCORDING TO MY CONSCIENCE ABOVE ALL LIBERTIES. *John Milton*

## FOUR CENTS A WEEK IS NOT TOO MUCH

AT THE MILWAUKEE Meeting this month the delegates to the American Dental Association will be asked to vote on the proposal to raise the membership dues $2.00 a year. From such an increase in dues there will be made available to the Association for the expansion of existing facilities and for the introduction of new activities the amount of $90,000. It is the old story of the effectiveness of pooling resources. One man can do little with $2.00 a year, but 45,000 men can do a lot with $90,000. Even the dentists who have been most seriously pinched by present day economic conditions should look upon this additional $2.00 a year as an investment to expand their market and to protect their interests. Two dollars more a year is a small enough outlay to make for professional advancement and protection. Specifically, we mean that this money can be well spent for public educational efforts, for legislative programs, and for the purpose of protection from misguided legislators and zealots, who would change the dental distributive system.

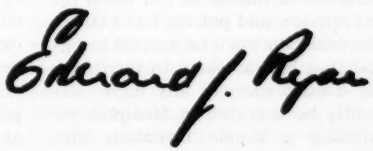
Not all members of the American Dental Association react with enthusiasm to the idea of an increase in dues. Some of the men insist that before they approve of this increase they must know precisely how the money is to be spent. That is not an unreasonable demand. The members of the Association should be told, in general terms at least, the channels into which this money is to be directed. Details of the programs it is obviously quite impossible to give out at the present time. Other men who are lavish at the bar and before the trencher board speak as if this $2.00 increase in dues was some excessive tribute being levied upon them by the dental association. I have seen these same men toss money away needlessly and foolishly and then speak of this $2.00 a year outlay as if it were the national debt. To be hopelessly trite, this is being penny wise and pound foolish. Compared to other professional and business organizations, the dues in the American Dental Association are extremely low. I am fearful that we have been penny pinchers far too long. Although we

have ambitious plans for public educational and legislative programs, we have always balked when it came to paying the bill directly. We have been too much accustomed to having our activities subsidized by some of the commercial interests in dentistry and have not learned to look squarely in the face a direct bill presented to us for services proposed or rendered.

One may or may not approve of the public educational activity conducted in Massachusetts by the Foundation sponsored by the Massachusetts Dental Society. The fact is, though, that many dentists throughout the country think that a program such as this is an answer to their problem. This program, obviously, costs money. Under the present system, dentists are making the contribution to the program voluntarily and presumably in unequal amounts. Some men who profit nothing from such a program may make generous contributions, and others who profit well may make no contribution at all. If such a program has value, it seems to be perfectly just that all members of the dental profession contribute from a common fund. The same is true of legislative activities. The generous and willing should not be penalized for the parsimonious, who presumably will profit as well.

Sometimes we recoil from realistic expressions, but I think we must accept the fact that dentistry in the future will more and more have to use the technique of lobbyists in legislatures and in the Congress. From time to time there will be legislation presented, distinctly disagreeable to us, and we must use the same techniques in opposing this legislation as are used by other business and professional groups. In short, we must appear in legislative halls and in the cloak rooms. We also have, from time to time, positive legislation to advance. To obtain support for our bills we must again appear in legislative halls and cloak rooms. These activities cost money and, along with public educational efforts, they can be well done with the use of the $90,000 that will be raised by an increase in the American Dental Association membership dues.

The amount being asked of each member is not very much. It is less than four cents a week per member. There is hardly anyone in such a desperate economic condition in the profession that he cannot invest four cents a week to advance his business by public educational efforts and to protect it from assault and attack.




*Chicago (Illinois) Tribune*: Speaking before 900 delegates of the Philadelphia Coun:.y Dental Society, Ray Edward Raymaker, D.D.S., of Missoula, Montana, pointed out how facial malformations soon may be overcome as a matter of course. Any experienced dentist, he explained, using only his fingers and one small instrument, could reshape the pliable bones of an infant's face within thirty minutes after birth. In disclosing the results of sixteen years of research, Doctor Raymaker revealed that he has reshaped the faces of hundreds of infants.

*Memphis (Tennessee) Commercial Appeal*: For nine years J. A. Maxwell, dentist and mayor of Drew, Mississippi, tussled with the inconvenience of having to roll down his car window and put his hand out in the cold rain when he wanted to signal that he was about to turn. Now he doesn't have to any more. Recently he appeared in Memphis exhibiting a simple invention with which he can signal to front and rear, whichever way he intends to turn. A small handle inside the left front door operates a semaphore arm on the outside of the door and at right angles to it. Front and rear surfaces are of red, reflecting glass, visible at night. The signal has three positions for stop, right or left turn. When not in use, it drops into a recess flush with the door surface. "It may be operated without taking the hand from the wheel, except for the moment it takes to set the signal or close it," according to Doctor Maxwell. The chief of police of Cincinnati has endorsed the device as the "most practical, foolproof and easy-to-operate" he has ever seen.

*Medford (Massachusetts) Mercury*: The price of orchids is coming down, according to Andrew G. Farquhar, Medford dentist, who has been cultivating these plants as a hobby for the past ten years in a greenhouse adjoining his residence at 20 Lawler Road. Orchids will be

cheaper, Doctor Farquhar believes, because of the large number of small cultivators entering the field and because of the breakup of large estates releasing an additional supply of plants. Doctor Farquhar, who recently developed a new species of orchid from the lady slipper, can remember when a really rare orchid sold for as much as $1500.

*Memphis (Tennessee) Press-Scimitar*: Ships entering the Sydney harbor, New South Wales, soon may be welcomed by the chimes of a carillon. W. H. Nolan, a dentist of Sydney, left the residue of his estate to erect the carillon at the harbor entrance.

*Long Beach (California) Press-Telegram*: In Sweden, one out of every five dentists is a woman, while the proportion in this country is one in twenty, Doctor Erick Hamberg, of Stockholm, reported at the meeting of the Third District Dental Society of Southern California, at which he was a guest in Long Beach.

*Portland (Oregon) Journal*: Seven offices in the Medical Arts building were invaded recently by a prowler, who used a screwdriver as a jimmy. He obtained an undetermined amount of dental gold and miscellaneous loot. Largest loss was reported by Doctor C. V. Luther, who said $200 in dental gold, $23.00 in cash, and $2.00 in stamps were stolen from his office.

*Chicago (Illinois) American Weekly*: Twenty-two years ago William Franklin Good, dentist of Seattle, joined a gold rush to Alaska. He didn't find much gold, but he became interested in the dental problems of the Eskimos. With makeshift instruments he did what he could for his patients, travelling from village to village by dog team. Worn out by this kind of rough life, Doctor Good returned eventually to Seattle where he established a successful dental practice. Then he bought himself a boat and began an annual round of villages in the North Country. Every summer for many years he has provisioned his 42-foot schooner, the Cheechako, for a long and dangerous professional visit to his patients from Prince of Wales Island to a dozen or more isolated ports of call along the Bering Sea.

*Roanoke (Virginia) World News*: A dentist by profession, but an amateur radio operator, a photographer, flyer, and traveler by inclination, Doctor Sten Wahlin, 31, stopped here on a world tour, on which he expects to visit the amateur radio station Y-15KG in Iraq. The station belonged to the late King Ghazi, who was killed April fourth in an automobile accident. He had some time before invited Doctor Wahlin to visit his station in Iraq and Doctor Wahlin still plans to do so.

*Brooklyn (New York) Eagle*: Heading the list of Brooklyn's amateur magicians is Joe Burgun, a dentist, who is much in demand as an entertainer at meetings and banquets. Doctor Burgun never accepts pay for his services. "It's a hobby and will remain one," he says. "It has always been my ambition to amuse people and I get the greatest fun out of watching the effect of the

tricks. A magician offends no one. It's a healthy hobby and a great deal of fun. I don't know of any other hobby where one can become acquainted with all varieties of science." Doctor Burgun is also an expert cabinet maker, having fashioned several bureaus, tables, and magician's desks.

*Portland (Oregon) Oregonian*: For many years B. R. Elliott, a dentist of Medford, has been collecting the shoes of horses and other animals that have historical or geographic significance. His collection now includes more than 200 shoes worn by horses, mules, oxen, and water buffalo. They have left their tracks in all parts of the United States, in Canada, Australia, New Zealand, Germany, the Philippine Islands, Central and South America, Japan, and Sweden. For each there is a different story. Most important historically to Doctor Elliott is the shoe worn by an ox in the famous Donner party, most of whose members perished of starvation near Truckee, California, while others survived by eating human flesh.

*Boston (Massachusetts) Post*: For the most outstanding contribution to the dental profession during the year, Doctor Leroy M. S. Miner, dean of the Harvard Dental School, was awarded the Jarvie Fellowship Medal at the final session of the New York Dental Society's annual convention in New York City.

---

## CAN YOU USE A DOLLAR?

To every reader who contributes a newsworthy item, something unusual about a dentist, *which is published in this department*, we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be acknowledged or returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to: Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

# Ask ORAL HYGIENE

Please communicate directly with the Department Editors, V. CLYDE SMEDLEY, D.D.S., and GEORGE R. WARNER, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply. Material of general interest will be published each month.

## Syndrome of Symptoms

**Q.**—Please enumerate syndrome of symptoms associated with temporomandibular joint pathology, cause and treatment for them.—J. C. B., Missouri.

**A.**—This is a large question to be covered in the limited space allotted for answers in ASK ORAL HYGIENE but briefly: The most frequent cause of pathologic conditions or abnormality of the temporomandibular joint is the loss of normal molar support either unilateral, bilateral, or in closed bite edentulous cases. As a result of this loss of support there is abnormal muscle tension, trismus, and eventual impingement upon the auriculotemporal or chorda tympani nerve, by the head of the condyle or by cicatricial tissue or by shifting of the meniscus or some other abnormality in the joint ensemble brought about by the irregular or closed bite, which may result in one or more of the following symptoms:

1. impaired hearing
2. stuffy sensation in the ears
3. buzzing or snapping noises in the ears
4. dizziness
5. dull pain within or about the ears
6. burning sensations or indescribable discomfort in throat, tongue, or on side of nose
7. headache or neuralgic pain
8. copper or salty taste on border of tongue
9. salivary disturbance, either dry mouth or excessive flow (usually the former)
10. Herpes of the auditory canal

All of these symptoms, and perhaps others that I have failed to enumerate, have been relieved for various patients by the simple procedure of establishing a correct occlusion and jaw support. Roentgenograms of the temporomandibular joints are of great assistance in determining just where erosion and other pathologic conditions of the joint ensemble have occurred; but a great deal of comfort can be provided for these suffering patients where adequate x-ray equipment is not available by the simple procedure of testing various bite levels in the patient's mouth with vulcanite splints or with temporary modeling compound linings under old dentures, until a jaw position is determined that gives comfort. After this it is a simple matter to make whatever dentures may be indicated to maintain this bite.

A great deal has been written

on this subject in recent years. The following bibliography is recommended for your careful study:

Costen, J. B.: A Syndrome of Ear and Sinus Symptoms Dependent upon Disturbed Function of the Temporomandibular Joint, *Annals of Otology, Rhinology and Laryngology* (March) 1934. Glossodynia; Reflex Irritation from the Mandibular Joint as the Principal Etiologic Factor, *Archives of Otolaryngology* (March) 1934. Glossodynia: and Ear Symptoms Associated with Disturbed Function of the Temporomandibular Joint, *J. A. M. A.* (July) 1936. Some features of the Mandibular Articulation as it Pertains to Medical Diagnosis, Especially in Otolaryngology, *J. A. D. A. & Dental Cosmos*, Vol. 24 (September) 1937.

Ernst, E. E., and Costen, J. B.: X-ray Study in Relation to Mandibular Joint Syndrome, presented before the Fifth International Congress of Radiology in Chicago, (September) 1937. Printed in *Radiology* (January) 1938.

Maves, T. W.: Radiology of the Temporomandibular Articulation with Correct Registration of Vertical Dimension for Reconstruction, *J.A.D.A.* 25: 585-594 (April) 1938.
—V. C. SMEDLEY.

## Arthritis

**Q.**—I have a patient, a woman, 54, who spends most of her time in hospitals. She is nervous and has a bad case of arthritis. Her teeth are in good condition according to the roentgenograms. I extracted two molars; the nerve canal was closed with a bone-like substance, all roots, no nerve, no odor, no blood. The teeth were difficult to extract and seemed to be ossified to the jaw. Could these teeth be the cause of her condition?—G. B. A., North Carolina.

**A.**—There is a possibility, at least, of teeth with extensive calcification of the pulps being foci of infection. But one should be sure that the arthritis is of the type that could be caused by infection before extracting such teeth. Some types of arthritis are made worse by loss of masticating efficiency, so one should be sure of one's ground before mutilating a good masticating machine.—GEORGE R. WARNER.

## Leukoplakia

**Q.**—I examined a patient a few days ago, the examination including a full set of roentgenograms. She has one of the most peculiar conditions, and the first that I have ever seen in thirty-five years of general practice. She had previously been to a number of competent men in the central part of this state without obtaining any relief or any information as to what her condition was. This patient is about 40, and has dark hair and fair skin.

She states that this condition started ten years ago on the right side of her mouth with a few, small white spots which have gradually enlarged and increased in number until most of the right side of the inside of her mouth, including gums and palate, are now almost completely covered and the spots are beginning to spread on the left side. No inflammation is apparent, and the only discomfort is an itching and burning at times. These spots are flush with the gums, but some of them stand out from the gums about the thickness of a blotter, and these have ragged edges like a fungus growth or wart.

This patient is becoming apprehensive of this condition, and any information you can give me as to its etiology or treatment will be greatly appreciated.—M. E. T., Kentucky.

**A.**—Your description of the case cited in your letter seems to fit leukoplakia only. Psoriasis and

lichen planus have to be considered in differential diagnosis,[1] but both of these conditions have concomitant skin manifestations while leukoplakia does not.

If it is leukoplakia, any and all sorts of irritation of the mucous membrane must be avoided,[2] such as tobacco, spices, hot foods, or irritating drugs or mouth washes.

As this condition may become malignant, it would be advisable to have your patient consult a dermatologist for diagnosis and treatment.—GEORGE R. WARNER.

## Clicking of Dentures

**Q.**—About a year ago I made a set of vulcanite dentures, full upper and lower. The upper denture has stability, but in the case of the lower, there is none. On the lower jaw, there is almost no ridge. Virtually all around there is a continuous sweep of soft tissue from the lips and cheeks down over what was the ridge, and into the sublingual tissues. I have relined the lower denture but cannot obtain any stability. Can you advise me in this matter?

The most annoying feature is the clicking of the teeth during conversation. Can this be corrected?

The patient wears the dentures and is able to masticate with them; and were it not for the clicking during conversation, she might manage. The patient is a relative, and whenever I visit her, I am annoyed with the noise. Your advice will be appreciated.—M. R. K., New York.

**A.**—The type of lower mouth that you describe is indeed a problem. We have, in a few cases, been able to effect considerable improvement in such a mouth by an operation to extend or lower the muscle attachments by making a rebase or a new denture with margins extended as much as seems to be desirable.

When the denture is completed, lance along the crest of the ridge, or where the ridge would be if there were one, and free the tissue from all attachments to the bone back as far as or a little further than the denture margins are extended. Do not make a suture but insert the denture with instruction that it must not be removed for from twenty-four to forty-eight hours, and then only for cleansing and rinsing the mouth with a mild antiseptic. The denture must be worn almost continuously until the gap produced along the ridge by the extended denture margins has filled in with granulation tissue.

If you and the patient cannot agree on this operation, you might be able to stop some of the clicking by lowering the bite somewhat.—V. C. SMEDLEY.

---

[1] Thoma, K. H.: Oral Diagnosis and Treatment Planning, W. B. Saunders Co., 1937.

[2] Prinz, Hermann and Greenbaum, S. S.: Diseases of the Mouth and Their Treatment, Philadelphia, Lea & Febiger, 1935.

---

## NO LONGER WITH THE DENTAL DIGEST

S. Lichtig, formerly associated with the circulation department of *The Dental Digest*, is no longer connected with the publication.


A very ordinary sort of fellow who got rich by striking oil became very self-important and was always trying to display his importance. One day he rushed to the railway station, laid down a twenty dollar bill, and exclaimed:

Newly Rich: "Gimme a ticket!"

Ticket Agent: "Where to?"

Newly Rich: "Anywhere. It doesn't make no difference. I got business all over."

o

Young Doctor: "Say ah-h-h."

Sweet Young Thing: "All right, I'll say it, but remember, I don't mean it."

o

Local Girl: "What do you call it when two people are thinking of the same thing—mental telepathy?"

Boy Friend: "Sometimes it's that, and sometimes it's just plain embarrassment."

o

First Woman: "My husband travels so much that each time he comes home he seems a perfect stranger."

Second Woman: "How thrilling!"

A state inspector of a lunatic asylum went to the telephone and found difficulty in getting his connection. Exasperated, he shouted to the operator: "Look here, girl, do you know who I am?"

"No," came back the calm reply, "but I know where you are."

o

Frank: "My wife ran away last night with my best friend."

Harold: "Good heavens! Was he good looking?"

Frank: "Don't know. I've never met the fellow."

o

Teacher (lecturing on perseverance): "He drove straight to his goal. He looked neither to the right nor to the left, but pressed forward, moved by a definite purpose. Neither friend nor foe could delay him, nor turn him from his course. All who crossed his path did so at their own peril. What would you call such a man?"

Graduate (quickly): "A truck driver!"

o

Big Boss (invited out to dinner by one of his employees): "I don't often have such a dinner as this, young fellow."

Son of Family: "Neither do we. I'm sure glad you came."

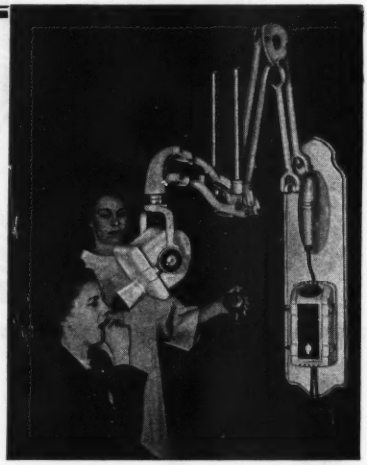
o

Young Telephone Operator (sighing): "What is home without a mother?"

Little Blue Eyed Blond: "I am, tonight."

# An INVESTMENT That PAYS Up to 100% or More

Did you ever stop to realize that fees from radiographs taken—and from additional dental work uncovered—very soon pay the entire cost of your own x-ray apparatus? Again and again we have been told by dentists, using FISCHER x-ray apparatus, that installing the equipment was about the best investment they ever made. Returns on their investment often were 100% or more above monthly carrying charges. Soon the equipment was fully paid for and the increased income became clear profit. Besides they were able to serve patients better and to build greater prestige and good will. Read the following four points why you should have the remarkable new FISCHER Wall-Mounted Shockproof Dental X-Ray in your office.



**FISCHER**
**WALL-MOUNTED**
*Shockproof*
**"DENTAL X-RAY"**

1. **It is recognized as being the outstanding unit in the field today.**
2. **It is very compact, stable, and superior in power and flexibility. All construction and parts are highest quality.**
3. **It is shockproof, rayproof, and the tubehead is leakproof.**
4. **Satisfactory performance is guaranteed. Installation is made by our factory-trained dealer representative.**

**Let us send you full information—without obligation. Write or simply clip and mail coupon.**


**H. G. FISCHER & CO.**
**2323-2325 Wabansia Ave., Chicago, Ill.** **OH-739**

Please send me your large, 2-color, illustrated and descriptive folder on your new FISCHER Wall-Model, Shockproof Dental X-Ray Apparatus. No obligation.

Name .....

Address .....

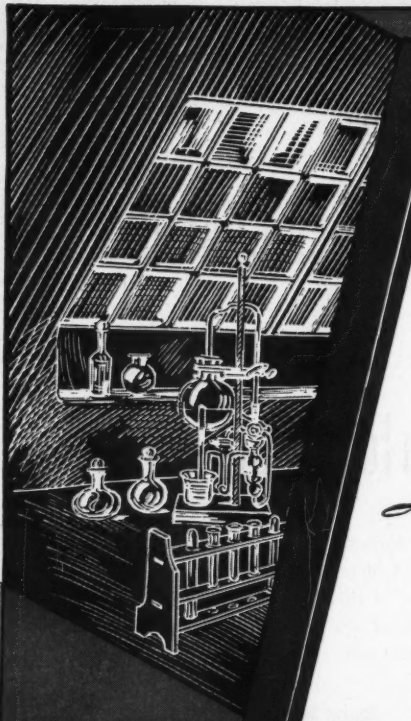
# The Medical and Professional Club at The New York World's Fair 1939

*WHEN YOU VISIT* the New York World's Fair you will, of course, want to spend some time in the Medicine and Public Health Building. Just off the Court at the east end of this building is the Medical and Professional Club where members of the following organizations are entitled to the full privileges of the Club.

American Dental Association
American Dental Hygienists Association
American Dietetic Association
American Hospital Association
American Medical Association
American Medical Library Association
American Nurses Association
American Pharmaceutical Association
American Public Health Association
American Veterinary Medical Association
Army and Navy Physicians, Surgeons and Dentists
Association of Women in Public Health
Catholic Hospital Association
National League of Nursing Education
National Organization for Public Health Nursing
Pan-American Medical Association, Inc.
U.S. Dept. of Agriculture-Bureau of Animal Industry
U. S. Public Health Service

If you are a member of any of the above organizations we urge you to utilize the facilities of the Medical and Professional Club. Be sure to bring your membership card with you in order that you may be identified by the secretaries of the Club, since membership in the Club is of course restricted.

*THE BAYER COMPANY, INC.*
*NEW YORK, N. Y.*



WHAT WAS

*Found*

IN THE

*Laboratory*

The mild AL-
KALINITY of FAS-
TEETH persists for hours in
the mouth. It is therefore of great
value to the new or old denture patient,
whose mouth tissues are irritated or inflam-
ed by hyperacidity. Since tissues heal better
in a mildly alkaline medium, FASTEETH is a
definite aid to Nature in the gum-healing process.

*Alkaline* FASTEETH does not become bulky or mucilaginous, but maintains a pleasant feeling film-like consistency and therefore hasn't the tendency to seepage, a cause of nausea.

FASTEETH is a well tolerated denture powder. Learn the *scientific* facts about the value of alkalinity in a denture powder. Send for FREE 8-page Booklet, "WHAT WAS FOUND IN THE LABORATORY."

**FASTEETH, INC., BINGHAMTON, N. Y.** OH 7

**Gentlemen:**

**Yes, please send me copy of "What Was Found in the Laboratory."**

**Name** .....D.D.S.

**Street**.....

**City**.....**State** .....


ALKALINE !
We leave the verdict
to your Patients, Doctor
FASTEETH
REG. U.S. PAT. OFF.
FASTEETH
ALKALINE
DENTURE
POWDER
FASTEETH
FASTEETH · INCORPORATED
BINGHAMTON · N.Y. U.S.A.

..make *This Test*

(BECA ALL

# DR WERNET'S

# ...and make a discovery!

## BECAUSE ALL DENTURE POWDERS ARE ***NOT*** ALIKE)

● **WITH ALLURING,** tricky claims, even the worst product can be made to seem the very miracle of excellence. But only the finest ingredients, the costliest equipment, and long years of experience can truly make it so.

The proof, of course, is in the product itself. And in the case of denture powders, any dentist can prove it easily. Simply pour some DR. WERNET'S Powder on a dark sheet of paper. Pour next to it an equal amount of any other denture powder. Note how much *whiter* and *purer* and *finer* DR. WERNET'S is! Now add a few drops of water to each and note also how much *more absorbent* and *soluble* it is — so that less of it is required, so that irritation is minimized!

That's why nearly 50,000 dentists, knowing its thirty years of professional recognition, will use no other. It is a product you can conscientiously prescribe to your patients, feeling thoroughly assured that it is the finest there is to be had.

**SEND FOR YOUR SUPPLY — FREE!** Simply mail the lower portion of this page with your card or letterhead to WERNET DENTAL MFG. CO., 190 Baldwin Ave., Jersey City, N. J.


**The POWDER *that's whiter..purer..finer***

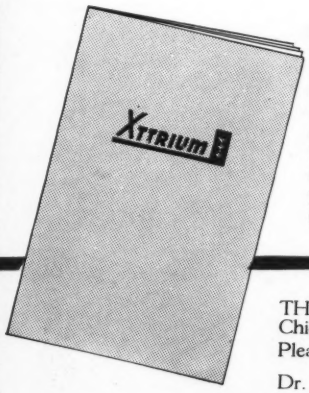
Successful results in more than two thousand cases is impressive evidence. This is the clinical background of Xttrium in the treatment of Pyorrhea, Vincents and Gingivitis. Seven years of research and four years of clinical observation were devoted to the Xttrium Treatment before it was released for sale to the dental profession.

The Xttrium method of treating Pyorrhea takes into consideration every phase of every factor recognized as having anything to do with the etiology and pathology of that disease.

The technique involves no instrumentation other than scaling and is well within the scope of routine practice.

It is extremely easy on the patient, involving no hardship or inconvenience.

The results obtained under practical operating conditions are responsible for the daily increasing number of Xttrium users.




## Get Your Copy of the Xttrium Book

We will be glad to send you a free copy of an interesting and informative 40-page book which will give you complete information regarding Xttrium. This book describes in detail the scientific background for the Xttrium Treatment and gives a complete illustrated description of the technique. Return the coupon for your free copy of the Xttrium Book. Your request will in no way involve any obligation.

THE XTTRIUM CO., 343 So. Dearborn St., Chicago, Ill.
Please send me a free copy of the Xttrium Book.

Dr. .....

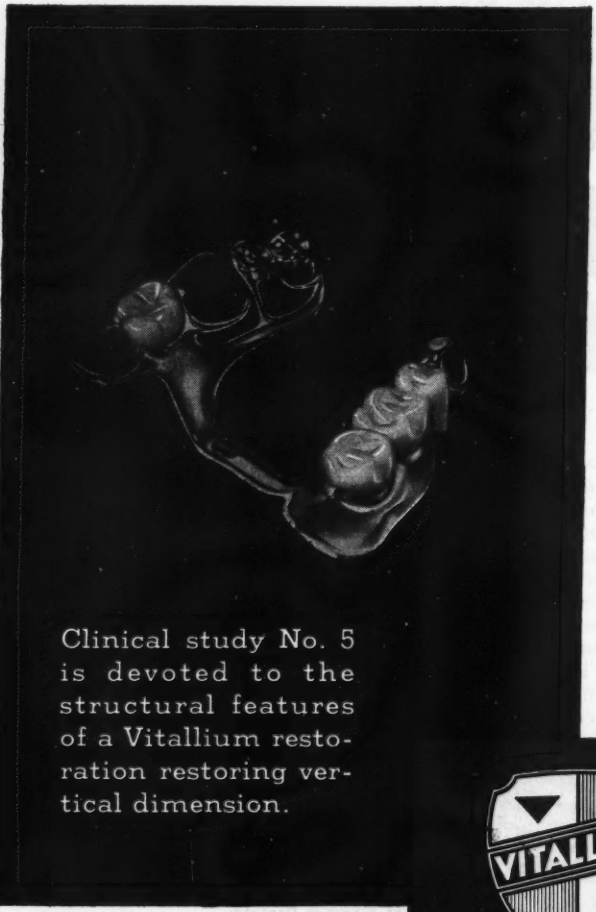
Address .....

City ..... State .....

OH-7-39

# PROSTHE

## Prostheticlinic No. 5 of a Series of



Clinical study No. 5 is devoted to the structural features of a Vitallium restoration restoring vertical dimension.

**VITALLIUM** *is the* **ONLY** *true Cobalt-Chromium alloy developed and used for cast full and partial dentures.*

VITALLIUM

# TICLINIC

## Studies in Restorative Technique

All Vitallium cases are constructed in Vitallium laboratories in conformity with the prescription and specifications of ethical practicing members of the profession. The dentist knows in advance that restorations will be made in accordance with his instructions because the Vitallium casting technique is scientifically exact. It is this fidelity to detail of specified design and construction that has earned for Vitallium laboratories everywhere the enviable mark of distinction: Servants of The Dental Profession.

**AUSTENAL LABORATORIES, INC.**

34 W. 33rd Street, New York
5932 Wentworth Avenue, Chicago

**VITALLIUM LABORATORY**

# *Prescriptions, Please!*


## MASSO 2-ROW

has a *small* brush head . . . exactly one inch long. Its extra-hard, unbleached, *genuine* bristles have the necessary resilience to do a really effective cleaning and massage job. They are set in two rows of six widely spaced groups. No tooth brush has been more carefully designed to accord with modern thinking on brushing technique.

It has never been advertised to the public. It is, and always has been, a purely "ethical product". . . publicized *only* through dentists. So we solicit your prescription of Masso 2-Row to your patients. It is sold at almost all drug counters for 35¢.

**Pro-phy-lac-tic Brush Co.**

**Florence, Mass.**

# REVELATION TOOTH POWDER


## FIRST PLACE

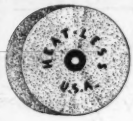
From the tabulations in cities where surveys have been made, it is quite evident that Revelation Tooth Powder holds first place in professional acceptance. The reason is logical—it responds effectively to adequate brushing; harmlessly and pleasantly. Revelation leaves the mouth feeling clean and refreshed.

**Meet With Us at the Revelation Exhibits**

Hall of Science, Golden Gate International Exposition. San Francisco.

Drug Store of Tomorrow, in Hall of Pharmacy, New York World's Fair.

**AUGUST E. DRUCKER CO., 2226 Bush St., San Francisco**




## HEATLESS WHEELS

***CUT FASTER · RUN TRUER · HEAT LESS · WEAR EVENLY TO HUB***

Heatless wheels are composed uniformly of extremely hard abrasive crystals bound by a specially formulated material. The relationship between the two is such that the binder releases crystals evenly *as wear occurs*. Result: A fastcutting wheel that generates a minimum of frictional heat. Price 50c per dozen.

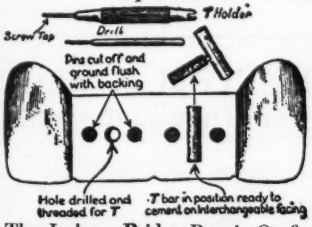

## MASTODON TREATMENT CEMENT

***THERE'S NO SUBSTITUTE FOR ITS USE AS A TEMPORARY FILLING MATERIAL***

It's easily used and easily removed. Also excellent for regulating work, sealing in treatments, bases, cappings and ceramics. Price $1.50 per box.

## WHEN A TOOTH BREAKS

***Don't worry! You can easily repair it.***




The Jackson Bridge Repair Outfit is the most practical device for repairing broken pin facings and affords a labor-saving method which every dentist may successfully employ. Write today for leaflet giving full description and directions. Price $3.50.


## MIZZY TEMPORARY STOPPING

***NON-CONTRACTING***
***NON-IRRITATING***
***WEARS WELL***

Mizzy Temporary Stopping is available in three colors: White, Pink and Ecru. It's doubly rich in gutta percha. Adheres tightly to cavity walls. It works smoothly at very low heat . . . . without pressure. Available in 30c, $1.00 and $1.50 packages.

MIZZY, INCORPORATED
MANUFACTURERS
105 EAST 16th STREET NEW YORK CITY

# NEW! TRAUN'S GRANULAR FULL DENTURE

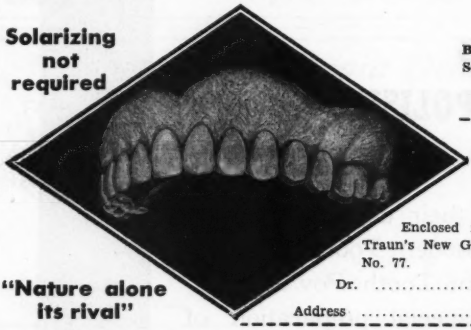
## PINK RUBBER NO. 77

Here's a Pink Rubber that has the natural lifelike color effect of Traun's Granular Veneering Rubber, even the illusion of tiny simulated veins, and possesses at the same time the strength of a good base rubber. It's an epoch-making development, of which our production department can justly feel proud.

No. 77 may be used without hesitation for the entire base. The specific gravity is low . . . it is non-toxic . . . it packs freely.

Get away from grief—use No. 77 Granular Full-Denture Pink

**Solarizing not required**



**"Nature alone its rival"**

**Buy from your Dealer**
**Send the Coupon to him or direct to us.**

---

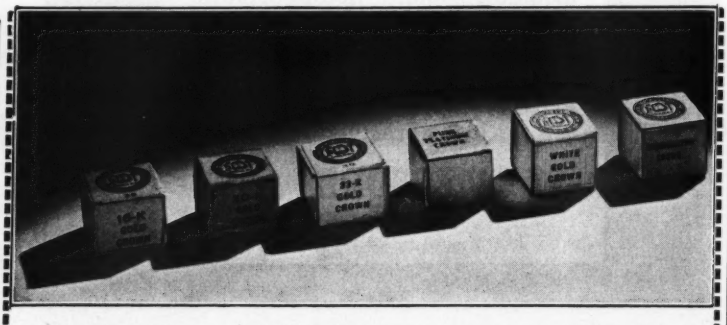
**ATLANTIC RUBBER MFG. CORP.**
**Successors to Traun Rubber Co.**
**239 Fourth Ave., New York, N. Y.**
**Dept. OH-3907**

Enclosed find $1.00 for sample package of Traun's New GRANULAR FULL DENTURE PINK No. 77.

Dr. .....

Address .....

---




## Your Best Choice—MASEL *Ready-Made* CROWNS

### Individual Box for Each Type Crown Avoids Confusion

MASEL Ready-Made CROWNS are preferred and used by dentists from coast to coast. That's because all MASEL CROWNS possess every desirable quality and feature, plus economy. They are your best choice . . . . . always. Accept MASEL CROWNS only in their individual containers . . then you're sure they're made by MASEL. MASEL Ready-Made CROWNS are divided into two groups: One group consists of 18K, 20K and 22K Gold Crowns. The other group comprises the Platinum, White Gold and Rhodiumized Crowns. Order MASEL Ready-Made CROWNS from your dealer.

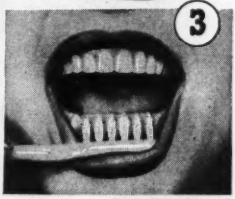
**FREE SIZE CHART**

**MASEL DENTAL LABORATORY**
**1108 SPRUCE ST., PHILADELPHIA, PA.**

**SEND FOR LITERATURE**

If you are not a subscriber to *The Dental Digest* please refer to special offer on pages 872-873, this issue.

# TEETH *sparkle* GUMS *glow..*


THE BRUSHING

## WHEN CARED FOR THOROUGHLY —WITH *ALL THREE!*

• IT'S WONDERFUL what a difference patients notice after proper home care of the mouth—with products scientifically adapted for the purpose.

**PYCOPÉ Tooth Powder** is "Council-Accepted." Its CLEANSING ACTION is practically 100%. So is its SOLUBILITY. It has no soap, no glycerin. The salt, of its salt-and-soda base, is sifted to eight times the ordinary fineness and is in complete solution within 30 seconds. It is also 100% SAFE. It has no sodium perborate, no grit, no dangerous drugs. And it WILL NOT MAT a toothbrush!

**PYCOPÉ Brushes** excel for interdental brushing. The small head reaches every part of the mouth. The straight brushing plane insures contact with every surface of every tooth. And the rigid handle and stiff bristles permit controlled action at all times.

Both are products you can conscientiously prescribe, feeling assured that they will benefit your patients.—PYCOPÉ, Inc., 2 High Street, Jersey City, N. J.

Pycopé

PY·KO·PAY

ETHICAL PRODUCTS WORTHY *of* YOUR PRESCRIPTION

# LEARN THE FACTS ABOUT
# KONFORMAX

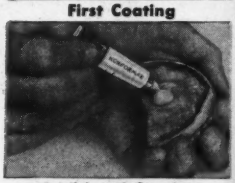

The New Improved Plastic
for Rebasing Immediate
and Permanent Dentures

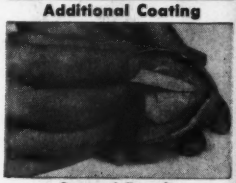
NO MIXING • NO BOILING • NO WAITING


Clean Thoroly


Brush Thoroly


First Coating


Additional Coating


Spread Evenly


Finished Plate

**ALWAYS READY** — Just squeeze from the tube and use.

**SLOW HARDENING**—(About 1 hour). Readily adaptable to tissue form—does not change position of denture.

**CUSHION & SUCTION** — Produces both. Thus conforms to every indentation of tissue.

**LASTS**—from six weeks to several months.

**HEAT RESISTING** — Withstands temperature up to 400°. Mouth temperature is about 100°.

**NON-IRRITATING**—Makes temporary dentures comfortable upon immediate insertion. Makes permanent dentures fit. Any denture may be periodically adapted to the mouth.

**MAY BE USED**—On any standard denture material.

**MAY BE APPLIED**—On partial or full dentures.

**NON-SOLVENT**—Not affected by saliva.

**INEXPENSIVE**—Ten or more rebasings in a $4.00 package of six tubes.

**APPROVED**—Developed by a Practicing Dentist. On the market for over a year. Has won the approval of the profession with gratifying rapidity.

**CONTAINS NO ACETONE**

KONFORMAX LABORATORIES, Inc., 1720 Ave. Y, B'klyn, N.Y.


# DEFINITE SUPERIORITY

MINIMAX ALLOY NO. 178 is the *choice* of critical dentists everywhere, of clinicians, of leaders in the profession who have made comparative amalgam tests. They know Minimax is outstanding for its unfailing ability to meet Federal and A. D. A. specifications not only under carefully controlled testing laboratory conditions, but more importantly under the wide range of technics common in every day office practice. YOU, too will enjoy using Minimax Alloy No. 178 because it actually provides greater assurance of completely successful amalgam fillings whether the cavity is large or small, easily accessible or difficult to get at. YOU, too, will find its "definite superiority" an extra asset in your practice. You will want to use Minimax eventually—get Minimax the very next time you buy alloy.

| In 5 oz. BOTTLES | In 1 oz. BOTTLES |
|---|---|
| 5 ozs. $1.50 per oz. | 1 oz. $1.60 |
| 10 ozs. 1.40 per oz. | 5 ozs. 1.55 per oz. |
| 20 ozs. 1.35 per oz. | 10 ozs. 1.45 per oz. |

Complies with A.D.A. Specifications No. 1. Fillings suitable for alloy-mercury gauges.

For best results mortars and pestles should be occasionally resurfaced. Over long periods they wear smooth . . . become inefficient. As a convenience Minimax provides FREE with every bottle a handy envelope of Abrasive Resurfacing Powder.

*The* MINIMAX CO.

MEDICAL & DENTAL ARTS BLDG., CHICAGO

*of Artificial Teeth*

# The Prosthetist is a Portrait Artist

THE ARTIST labors to "capture" the Likeness but not show the effort made in that capture. So, the Prosthetist retains the Likeness of his Patient but conceals the Means thereof. . .

To such come Rewards denied those who do not realize that the "Means" of Concealment are found in the Trubyte System. . . . . .

You'll find The Tooth in one of the Trubyte MOULD GUIDES

THE DENTISTS' SUPPLY COMPANY OF NEW YORK

From *The Seasons* after Richard Westall, R.A., by Charles Heath

# *Summer • Autumn • Winter • Spring*

No matter what the season, you probably find it necessary to prescribe additional vitamins for some patients. Making certain that your orders are scrupulously followed, however, is more difficult in spring and summer than at other times. Soaring temperatures may make your most conscientious patients refuse to take bulky, distasteful preparations.

Even finicky patients, however, will take Abbott's Haliver Oil with Viosterol capsules without objection. They are small, soft and tasteless. In addition, since each capsule represents but little more than two calories, they may be administered at any season of the year without discomfort to the patient or interference with the prescribed diet.

Abbott's Haliver Oil with Viosterol is biologically standardized under rigidly controlled conditions. Each capsule contains not less than 8500 U.S.P. units of vitamin A, equivalent to four teaspoonfuls of cod liver oil of minimum U.S.P. strength, and at least 1700 U.S.P. units of vitamin D, equivalent to ten drops of viosterol in oil.

Abbott's Haliver Oil with Viosterol is available at prescription pharmacies everywhere in boxes of 25, 50, 100 and 250 capsules, and in 5-cc., 20-cc. and 50-cc. bottles with special droppers. To make certain that patients always obtain a product of proved vitamin potency, it is urged that all your vitamin prescriptions be written.

**ABBOTT LABORATORIES**
**NORTH CHICAGO • ILLINOIS**

*Specify Abbott's*
**HALIVER OIL**
**WITH VIOSTEROL**
(Abbott's Halibut Liver Oil with Viosterol, N.N.R.)

# WILLIAMS *Will-bax*

Registered U. S. Patent Office

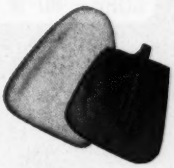
## CASTING PATTERNS

★ FOR BACKINGS AND POSTS ★

★ SAVE TIME AND TROUBLE ★

★ INSURE GREATER ACCURACY ★

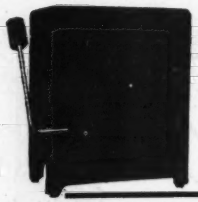
● If you cast your gold backings and posts—then here's a welcome addition to your technique. For *Will-bax* patterns provide that high degree of accuracy you are after—backings and posts which fit the pontics perfectly, without grinding or "touching up"... *Will-bax* patterns are made of a special strong, highly volatile material—vaporize completely at low temperature leaving clean, precise, smooth molds to give perfect castings ... *Will-bax* patterns are easily trimmed to fit any flat facing —then mounted on the regular model ... Here are real time, labor and worry savers! Economical, too. Literature on request. Ask your dealer—or write.



**THE WILLIAMS GOLD REFINING CO., INC.**

**BUFFALO, N. Y.**

**FT. ERIE, N., ONT.** **HAVANA, CUBA**



## WAX ELIMINATORS
## and
## PORCELAIN FURNACES

**Priced from $10 to $37.50. Literature on request.**
**FERNALD SPECIALTY CO., 6253 So. Ellis Ave., Chicago, Ill.**

---

**SEE THE WORLD'S FAIR AND SEE OUR NEW QUARTERS**

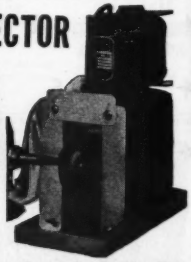
Thanks to the thousands of doctors who have made our business better and better, we are now located in new and larger quarters. If you are not a client, ask for catalogues. No obligation.

**PROFESSIONAL PRINTING COMPANY**
*America's Largest Printers to the Professions*
15 East 22nd Street New York, N. Y.

---

## BALDOR *Portable* DUST COLLECTOR

Powerful suction draws in all dust and filings from Lathe Wheel and deposits into tray or into removable bag. Portable—only 18¾ lbs. Compact—6 in. by 12 in. No servicing. 1-YEAR GUARANTEE. (D.C. Current, $44.50) A.C. Current, ..... **$34.50**



SAVES GOLD *Pays for itself*

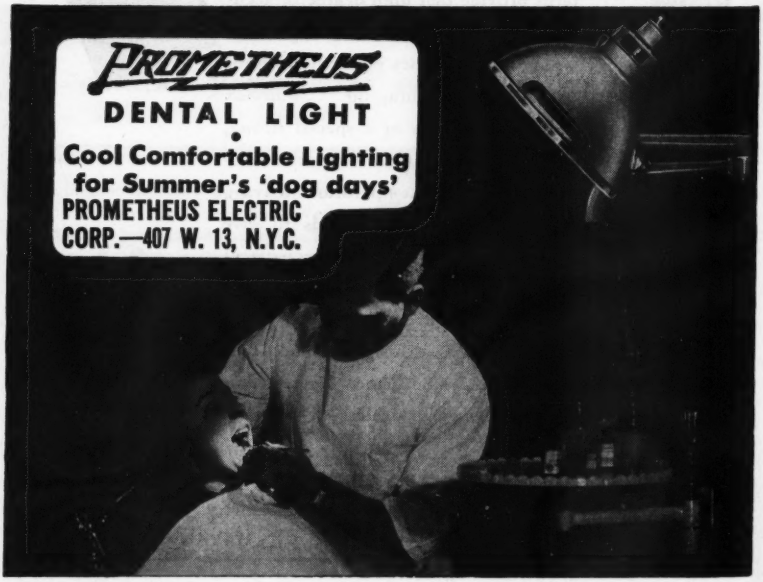
**BALDOR DENTAL LATHES**

Two sizes—1-speed and 2-speeds. 1-YR. GUARANTEE. At left, 2-speed Price, without chucks, **$38.00**

Write for Bulletin No. 63

**BALDOR ELECTRIC CO., 4372 Duncan Ave., St. Louis, Mo.**

---




# uniformity

**Constant control tests guarantee uniformity of chemical and physical properties of Fleck's Cement in all colors, in accord with A.D.A. Specification No. 8. Our laboratory tests record 11,000 lbs. per sq. in. within half hour after mix, securing cementation when patient is dismissed.**


The extraordinary plasticity of FLECK'S Cement in a mix of greatest density permits seating of finest work in inlay, crown and bridge cementations. Fleck's Production Control Tests indicate average film thickness of 14 microns. The high degree of density possible in a FLECK'S mix is significant in the application of cement as a filling or cavity lining.

**MIZZY, INC. • MANUFACTURERS**
**105 EAST 16th STREET, NEW YORK CITY**

**FLECK'S CEMENT**

# *"Then he showed me the X-Rays--"*

"I never had my teeth x-rayed before last July, and I might not have had it done then if moving to a new city hadn't necessitated our finding a new dentist. I had visited our former dentist regularly, so when I went to the new one I supposed nothing much could be wrong with my teeth.

"Then he showed me the x-rays --

"I don't mind telling you, I was shocked. Decay had eaten out quite large sections of what apparently were three perfectly sound molar teeth. Fortunately, our new dentist was able to save them. But what really impressed me most was that he said the cavities (he called them interproximal) could not have been found without x-ray!

"Believe me, from now on my husband and I are for x-ray!"

Anonymous.

EVERY day a greater proportion of the public is becoming familiar with the fact that x-ray is indispensable to correct dental diagnosis. It is a proved fact also that dentists who have invested in our dependable CDX dental x-ray unit have at once increased their practice and given the public better service.

We urge you to investigate CDX fully. For complete information on CDX and our deferred plan of payment, fill out and send us the handy coupon. No obligation is involved. Do it, please, today!

**NO OBLIGATION!**

**GENERAL ELECTRIC X-RAY CORPORATION**

3012 JACKSON BLVD. CHICAGO, ILL., U. S. A.

Please send me information on CDX and details of your payment plan. H 167

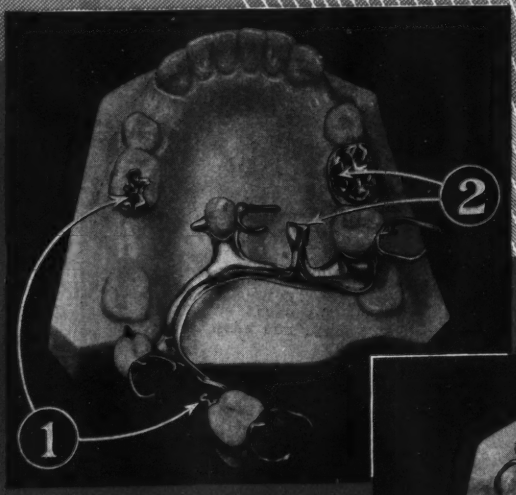
*Name*.....

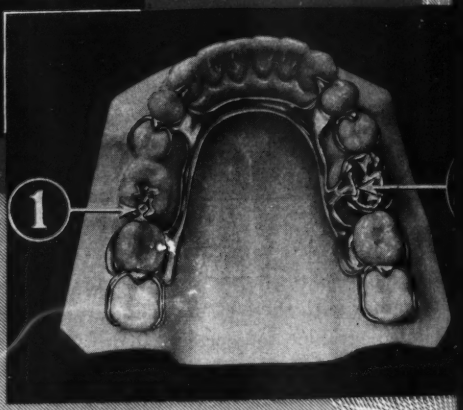
*Address*.....

*City*.....*State*.....

*My Dental Dealer*.....

# *The* UNPRECEDENED




**With a clearance of .005 inches, the pin and slot attachments, CAST INTEGRAL WITH THE BASE, are seated as perfectly as the closest soldered assembly. This accuracy of Ticonium technique practically eliminates "fitting" and assures maximum comfort and satisfaction.**

TICONIUM

# TICONIUM

# ED ACCURACY OF

# TICONIUM

## *IS A CHALLENGE*

## TO OTHER TECHNIQUES AND MATERIALS

●

## THE TICONIUM TECHNIQUE PRODUCES EXACT AND UNVARIABLE RESULTS

**Ticonium restorations are immediately comfortable. Each case is cast to an exact standard of fit accomplished by a scientific technique so mechanized that human errors are reduced to a minimum. This greater accuracy compliments your skill, saves you time in fitting and adjusting.**

**Specify Ticonium for your next restoration. See for yourself how faithfully it interprets the results of your painstaking chair work.**

*A Product Of*

## TICONIUM

**413 North Pearl St., Albany, N. Y.**

**THERE IS A TICONIUM LABORATORY NEAR YOU.**

REPRESENTS . . . . THE PRESENT
ADVANCED PROGRESS IN DENTURE
ALLOYS AND PROCESSING METHODS


# VINCE

## THE OXYGEN LIBERATING ANTISEPTIC IS THE PREPARATION OF CHOICE

When all the evidence becomes available, you will discover that Vince serves more effectively your purpose of specific therapy in oral inflammatory conditions than many other measures you may have tried. And Vince will also better serve the needs of the patient as a dental and oral cleanser in the home.

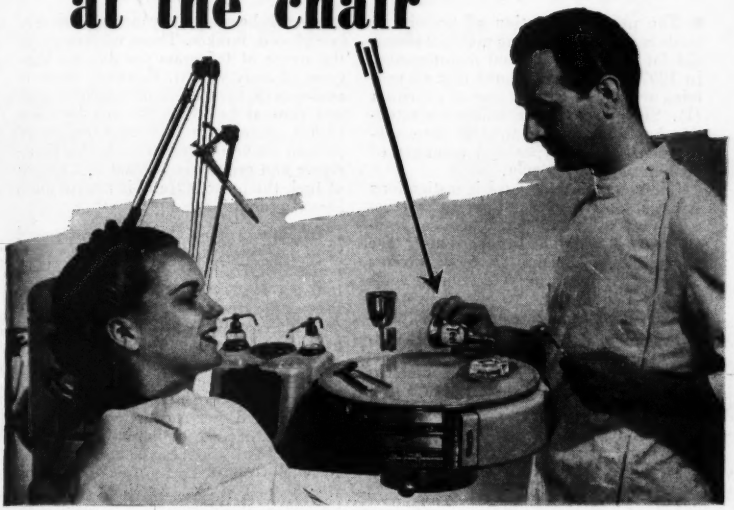
Vince liberates nascent oxygen, but is not a bleach. It cleanses by precipitating mucous plaques, it aids in treatment by inhibiting the growth of pathogenic micro-organisms. Vince is an excellent deodorant.

If you would like to know sodium perborate at its best, ask for a trial supply of Vince. Use it as a powder or paste pack in your office, and prescribe it as a dentifrice and mouthwash for your patient at home. You will have reason to be satisfied with Vince because of its recognized effectiveness, convenience and pleasing flavor.

• VINCE is obtainable in tins of 2, 5 and 16 ounces.


**VINCE LABORATORIES, INC. • 117 West 18th Street • New York City**

# Many Dentists Using Teel at the chair



***—and recommending it to patients for home use***

SCARCELY a day goes by that dentists do not write us, commenting on Teel's effectiveness when mixed with pumice for prophylaxis at the chair.

Teel is more than a binder, for it contains an efficient detergent. And patients almost invariably comment favorably on its pleasant taste. Important, also, is the fact that Teel is neither acid nor alkaline in action.

***For Patients' Home Use***

Teel contains no pumice, no grit—no abrasives of any kind. In daily home use it cannot scratch tooth enamel, nor can it prove harmful to teeth in cases where the cemento-enamel junction and softer structures of teeth are exposed by receding gingivae. This is one of several reasons why many dentists are now recommending Teel to their patients for home use.

As a dentifrice, Teel is intended solely for daily cleaning of teeth. No therapeutic or curative claims are made for it.

For its detergent, Teel employs sodium alkyl sulphate, an hymolal-salt. It has extremely low surface tension for unsurpassed penetration and emulsification properties in interdental and gingival crevices. Teel also leaves the mouth feeling markedly clean and refreshed. It is very economical, for it multiplies over 30 times in the mouth.


We will gladly mail samples and additional information upon your request. Teel, Box 687, Dept. 1, Drug Products Division, Cincinnati, O.

# CANNED FOODS AS PROTEIN SOURCES

● The primary function of protein in foods is that of a building material essential for tissue growth and maintenance. In 1897, Rubner postulated that all proteins are not of equal value in nutrition (1). Since that time, considerable attention has been directed towards the establishment of the types and amounts of protein required by man.

Chemical and biological investigations have demonstrated that different proteins may vary widely in both chemical composition (2) and ability to satisfy the nitrogen requirements (1, 3) of various animals. Of the twenty-odd amino acids which have been isolated from proteins (4) arginine, histidine, isoleucine, leucine, lysine, methionine, phenylalanine, threonine, tryptophan and valine have been shown to be essential in mammalian nutrition. The biological value of a protein is in reality a measure of its ability to supply those amino acids essential for tissue building and repair which the animal cannot synthesize (5) from material "ordinarily available" at a rate sufficient to meet body demands. A "complete" protein is one which will supply—or at least contains—the essential amino acids. Few proteins approach this ideal condition. Fortunately, however, a varied diet, containing proteins of both vegetable and animal origin, will usually supply all the essential amino acids which may not be supplied in adequate amounts by any one of the proteins.

As to the amounts of protein needed by men, experiments of the balance sheet or endogenous nitrogen elimination types (3, 6) have demonstrated that the protein requirements of the human adult may apparently be adequately met by relatively low protein intakes. These intakes are of the order of 0.5 gram per day per kilogram of body weight. However, there is evidence (3) that development of physique and general health is favored by more liberal protein intake. Since excess of protein above the requirement for tissue repair and growth is utilized as a source of fuel, the present trend is toward more liberal protein allowances.

In infancy and childhood, suggested protein allowances (3) are relatively high, being of the order of 3 to 4 grams of protein per kilogram of body weight in infancy and gradually decreasing with increasing age until adult allowances (3, 6) of 0.75 to 1.5 grams protein per kilogram of body weight are reached. Protein allowances of the order of 10 to 15 per cent of total calories as protein calories in the mixed diet throughout the entire life cycle, appear to be satisfactory. In the formulating of a mixed diet calculated to supply optimal amounts of proteins, the canned meats, marine, dairy and vegetable products may be freely used.

During recent years, popular interest has been concerned chiefly with the more recently discovered essential food factors such as the vitamins. However, the modern concept of adequate nutrition teaches that the optimum diet should be complete with respect to all known dietary essentials, protein, of course, included. In the attainment of this objective, the hundreds of commercially canned foods of animal and vegetable origin should prove both economical and valuable as protein sources.

**AMERICAN CAN COMPANY**
**230 Park Avenue, New York, N. Y.**

(1) 1935. Nutrition Abstracts and Reviews, 4, 447.
(2) 1929. The Biochemistry of the Amino Acids, H. H. Mitchell and T. S. Hamilton, Chemical Catalog Company, New York.
(3) 1937. Nutrition Abstracts and Reviews, 7, 257.
(4) 1937. J. Am. Med. Assn. 109, 2070.
(5) 1938. Annual Review Biochemistry, 7, 356.
(6) 1938. Chemistry of Food and Nutrition, Fifth Edition, H. C. Sherman, Macmillan Co., New York.

*What phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. Address a post card to the American Can Company, New York, N. Y. This is the forty-ninth in a series which summarize, for your convenience, the conclusions about canned foods reached by authorities in nutritional research.*

# ANACIN

*Aids in relieving*

## DENTAL PAIN


ANACIN is also helpful in relieving pain due to headache, neuralgia and neuritis. Free Anacin sample service to all dentists on request.

THE ANACIN COMPANY
JERSEY CITY, NEW JERSEY


*Use only one-half inch of . .*

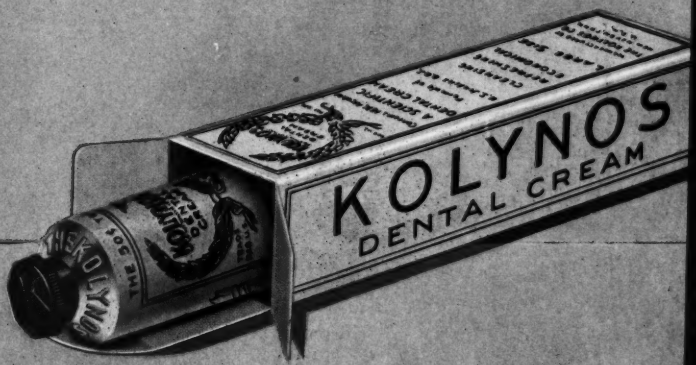
# . . WILL YOU DO THIS FOR YOUR PATIENT ?

When you give a sample tube of KOLYNOS, will you tell them how to get the ideal effect.

*"Use only one-half inch of Kolynos—preferably on a dry toothbrush."* (If the brush is wet use even less than one-half inch.)

Kolynos contains no added water—it is a *concentrated dentifrice* that produces a foamy cream in the mouth that cleans and polishes the teeth without abrasive action.

THE KOLYNOS COMPANY · NEW HAVEN, CONNECTICUT




# . . KOLYNOS

## ON A DRY BRUSH

# BiSoDoL

*helps relieve* GASTRIC HYPERACIDITY AND
DIGESTIVE UPSETS *due to excess* STOMACH ACID


**BiSoDoL Mints**
**IN CONVENIENT TABLET FORM**

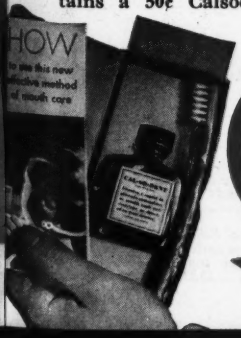
*Samples Free*
*To the Dental Profession on Request.*

THE BiSoDoL COMPANY
NEW HAVEN, CONN.

# NEEDED FOR MASSAGE BRUSHING


## SPECIAL OFFER TO DENTISTS—to insure home use of proper equipment

AT LESS-THAN-COST, the materials you need for instructing your patients in massage brushing or giving chair-massage treatments. Each Kit contains a 50¢ Calsodent Brush with special Chungking bristles and a bottle of Calsodent that makes 2½ quarts of massage-brushing solution. 5 Kits for $1.00. At this price, only 30 Kits at a time.




5 KITS $1.00

CALSODENT CO., INC., 215 4th Ave., New York City

Please send me: ☐ 5 Kits; ☐ 10 Kits; ☐ 20 Kits ☐ 30 Kits—at your special price to dentists of 5 Kits for $1.00. Each Kit is to contain a 50¢ Calsodent Brush and a 10¢ bottle of Calsodent.

☐ Check enclosed ☐ Send C. O. D.

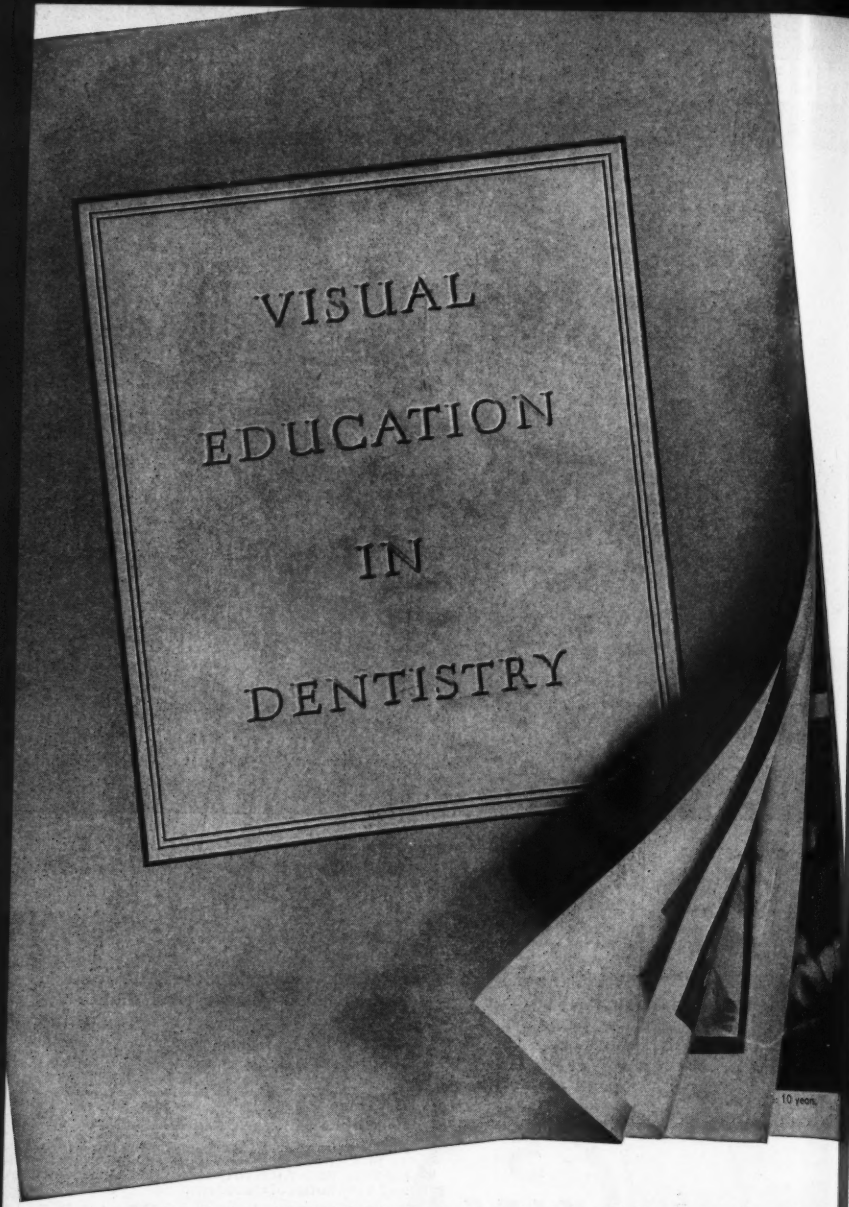
Name..... D.D.S.

Address.....

City..... State.....

OH-7-39

☐ Also send me FREE your manual for dentists on Massage Brushing.




"Just received your book, *Visual Education in Dentistry*, and find it very fine. I feel that I will be able to use it to excellent advantage in my work. However, with as constant use as I expect to give it. I fear it will soon be worn out and wonder what the charges would be for one half-dozen additional copies."....
.....D.D.S., Chicago, Ill.

"Enclosed please find $1.00 for your very educational charts. I think they are fine and an excellent approach to the problem today. I feel they will do more than you say so far as good is concerned."..... .....D.D.S., Fargo, N. D.

"Received *Visual Education in Dentistry* and the charts are wonderful. Please send two additional copies for my reception room table."..... D.D.S., Eau Claire, Wis.

# Every Practitioner Should Have a Copy of VISUAL EDUCATION IN DENTISTRY

The comments on the opposite page are only a few of the many we have received. We were confident that the new edition of *Visual Education in Dentistry* would be well received but the response to date has surpassed our expectations. For this acceptance we are truly grateful.

To those practitioners who receive The Dental Digest each month the price of the new edition of *Visual Education in Dentistry* is $1.00. If you are a subscriber and have not ordered your copy yet we suggest you do so at once in view of the limited supply.

To non-subscribers the following special offer is made: You can secure a copy of the new edition and get a 16 month subscription to The Dental Digest for $3.00. This is a real bargain and practitioners everywhere are taking advantage of it. We urge that *you* do too as we know the publication and the new edition of *Visual Education in Dentistry* will be most practical and helpful. You won't be disappointed and the $3.00 expenditure involved will really be an *investment*.

There are 26 charts in the new edition.

*For your convenience use the coupon order blank below.*

---

THE DENTAL DIGEST, 1005 Liberty Ave., Pittsburgh, Pa. O.H. 7

☐ Here is $1.00. Please send me one copy of *Visual Education in Dentistry*. I am a regular subscriber.

☐ Here are $3.00. Please send me one copy of *Visual Education in Dentistry* and enter my name on your list for 16 issues of The Dental Digest.

Dr.....

Address.....

Dealer .....

STYLE 012

# Now—a Zipper Garment

(Genuine Talons used)

## Special during month of JULY

Either "V"-neck or Military Collar
in *pre-shrunk* Paramount Poplin.

**$2.95 each** **3 for $8.50** **6 for $16.00.**

Also made with buttons or snap fasteners at above prices. Size 36 to 46.

*Those desiring made-to-measure garments; write for catalogue and samples.*

**MANHATTAN MFG. CO., 509 S. Wabash Ave., Chicago, Ill.**

---

## For Better Adaptation

With Kelly's Paste you get a CORRECTED impression of highest accuracy that will last, without breakage or loss of detail, through to the final flasking. You can be SURE your adaptation is correct at every step. Widely used as a temporary reline in rebasing and duplication work. Standard package, $2.50 at dealers, unconditionally guaranteed. Try it; you can't lose. Kelly-Burroughs Laboratory, Inc., 143 N. Wabash Ave., Chicago, Ill.

**Use "KELLY'S PASTE"**

---

# KRELITE

The Personalized Denture Material

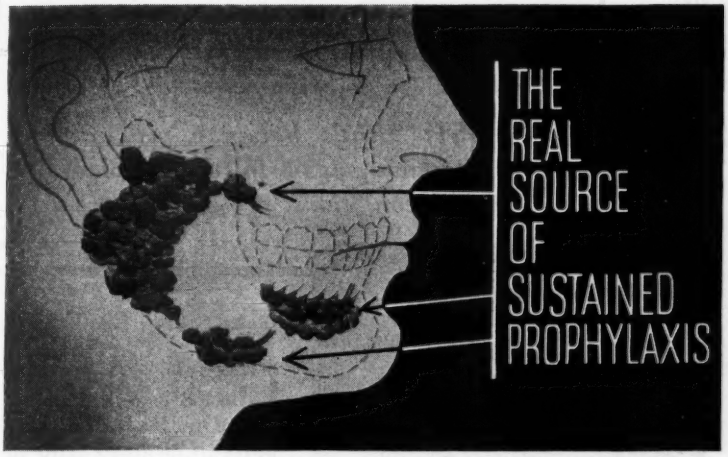
## For Exquisite Dentures

•A highly developed synthetic resin, Krelite contains no nitrocellulose, phenolformaldehyde, camphor or rubber. Provides most natural-like tissue shades that are absolutely color fast. Defies detection in the oral cavity. Exceedingly light in weight, with unusual permanent resiliency. Stronger than other resins or vulcanite. Easy to handle, packs like rubber. Simple to repair. Vulcanizing period only 30 minutes. Available at reputable dental depots.

KRELITE originated in our own laboratory PAT. PEND.

Descriptive literature and technic booklet on request.

**KRELITE CORPORATION**
**520 West Ninth St., Los Angeles, California**




# *Fleers Gum Provides Natural Stimulation*

Dentists agree that the detergent action of freely flowing saliva does materially assist in providing immunity to dental caries. The normally slow flow of resting saliva, however, is usually insufficient to remove food debris from enamel surfaces.

That's why so many dentists urge the chewing of Fleers Gum. Its consistency and appetizing flavor greatly accelerate the free flow of saliva. Because of its bulk and cohesiveness, Fleers Gum extrudes between the tooth crevices without separating. Frequently it will dislodge food particles not even reached by ordinary brushing. This action during a period of free flowing saliva assures that the debris will be disposed of, and then Fleers Gum will prevent the redeposition on some other tooth surface.

Chewing Fleers Gum provides normal, healthy exercise of the teeth and gums far in excess of that provided by ordinary chewing gum. Write today for an interesting professional kit that gives more information and provides the material for an interesting study. Frank H. Fleer Corporation, 10th and Diamond Sts., Phila., Pa.

**✓ Check Fleers Gum for These Characteristics**

**Salivary stimulation**

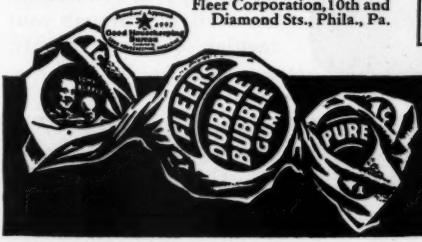
Consistency and appetizing flavor promote unusually free salivary flow.

**Gingival stimulation**

Fleers Gum is 3 times as large as ordinary gum and easily reaches and massages the gingival margins in the process of being chewed.

**Cleansing action**

Cohesive and non-sticky, Fleers Gum will penetrate tooth crevices and dislodge food particles not even reached by ordinary brushing.




**FLEERS**
*Dubble Bubble*
**GUM**

**The Comparative Values of ALKA-SELTZER and of Aspirin to Correct the Decrease in Alkaline Reserve of the Blood Plasma of Human Subjects Noted 60 Minutes After the Consumption of Gin.**

| SUBJECT | INFLUENCE OF GIN ON $CO_2$ C. P. DURING 60 MINUTES | CHANGE IN $CO_2$ C.P. FROM LEVEL AFTER GIN EFFECTED BY ALKA-SELTZER | CHANGE IN $CO_2$ C.P. FROM LEVEL AFTER GIN EFFECTED BY ASPIRIN |
|---|---|---|---|
| T. C. | −4.0 | +6.0 | |
| | −6.0 | | +2.9 |
| E. P. | −3.0 | +5.3 | |
| | −3.7 | | +2.8 |
| A. G. | −3.9 | +3.3 | |
| | −2.0 | | +0.1 |
| J. M. | −0.2 | +1.8 | |
| | +0.8 | | −3.3 |
| J. F. | −2.4 | +2.2 | |
| | −4.9 | | +2.4 |
| F. S. | −1.8 | +3.2 | |
| | −0.5 | | −1.7 |
| AVERAGES | −2.63 | +3.63 | −0.53 |

Average time for effect of Alka-Seltzer, 75 Minutes
Average time for effect of Aspirin - - 130 Minutes

ONE phase of an extensive investigation of the value of Alka-Seltzer is illustrated in the accompanying table.

A detailed description of the several investigations is being prepared and will shortly be published in the form of an illustrated booklet. This is intended for distribution solely to the medical profession and will be sent to interested physicians upon request.

## CONCLUSIONS

**Alka-Seltzer administered to the above subjects effected an increase in the carbon dioxide combining power (alkaline reserve) of the blood plasma.**

**The average increase in carbon dioxide combining power of the blood plasma above the level noted sixty minutes after consumption of gin was 3.63 volumes per cent, i. e. 37% greater than the average decrease effected by the gin.**

**All experimental results indicate a replenishment of the alkaline reserve of the blood by Alka-Seltzer through addition of base to the blood plasma.**

**MILES LABORATORIES, INC.**

OFFICES AND LABORATORIES: ELKHART, INDIANA

**THE LATEST** *development of the World's Oldest and Largest Manufacturers of Filling Golds exclusively.*

# PACK like WET SNOW!

● A new conception of the pleasure of working Gold Foil awaits you in "M-H" EXTRA PLIABLE Burnish Gold Cylinders, the latest development of the world's oldest and largest manufacturers of Filling Golds exclusively.

Responding instantly to the plugger, they enter undercuts readily, and stay put without "balling" or "buckling"—enabling you to work with greater speed and better results.

Restorations made with them are uniformly dense, have greater edge-strength, perfect margins—and a most beautiful finish.

*No other Filling Golds are like them!* Order a bottle today to try. You'll be delighted with their marvelous cohesiveness and perfect softness, the moment you start working them.

**MAIL THIS HANDY COUPON!**

MORGAN, HASTINGS & CO., *Established 1820*
817-21 Filbert Street, Philadelphia, Pa.

Please send, through my dealer, one 1/40-oz. bottle of "M-H" Extra Pliable Burnish Gold Cylinders to try.

*Doctor*.....

*Address*.....

*Dealer*.....

# *Summing up*

## THE STORY OF

# *Dr. French's Modified Posteriors*

*(as told by a prominent prosthetic dentist)*

"Before using Dr. French's Modified Posteriors, I found denture work very uncertain. Results were doubtful or only temporary, and set-ups sometimes hair-raising. Resorption of the ridges was excessive, occlusion consequently distorted and mastication for the patient mostly agony. Comments by the patient also caused me agony and some despair.

"One day I saw an advertisement and noticed your picture of Dr. French's Modified Posteriors. As I saw that design, I determined to use them on a case at hand. I did — using Nuform Anteriors with them so no adjustment was necessary. My patient was well pleased, wears them continuously and can't help telling people about them.

"Believe me, I have saved plenty of time in the two years I have been using Dr. French's Posteriors. Let me tell you what I found out about them:

"Dr. French's Teeth are interchangeable, which allows molds or even shorter and longer teeth to be mixed in one set-up. Example, where bite is short or ridges bulky.

"They are easily set up; I can do a set-up now in one-half hour and I mean a balanced set-up any dentist would be glad to have in his own mouth. If the teeth are set up as you folks advocate and as I have been doing for two years, the pressure is directed on the crest of the ridge and I don't have to worry about the patient masticating.

"Dr. French's Modified Posteriors do not extend buccally over the ridges; therefore, in lateral excursions of the jaw there is no tipping of the lower or upper plate. Since there is control of this buccal pressure, there is little resorption and little worry over settling and the resulting occlusion distortion.

"Even if, as in the case of the spongy boned or ill individual, absorption does occur, the favorable design of these teeth urges dentures to proper occlusion.

"Patients adapt themselves more quickly to Dr. French's Modified Posteriors due to ease of mastication, stability of dentures and freedom of the tongue.

"Finally, I like the strength of the porcelain, not only in Dr. French's Modified Posteriors, but in all Universal Teeth".

*Write for illustrated technic booklet giving the complete story. In the meantime, use*

**DR. FRENCH'S MODIFIED POSTERIORS**

*on your next case, with . . .*

**NUFORM ANTERIORS**

*and specify both with a* **U. D.** *Shade Guide*

# UNIVERSAL DENTAL COMPANY

**48th and Brown Streets · Philadelphia, Pa.**

## NEW PELTON

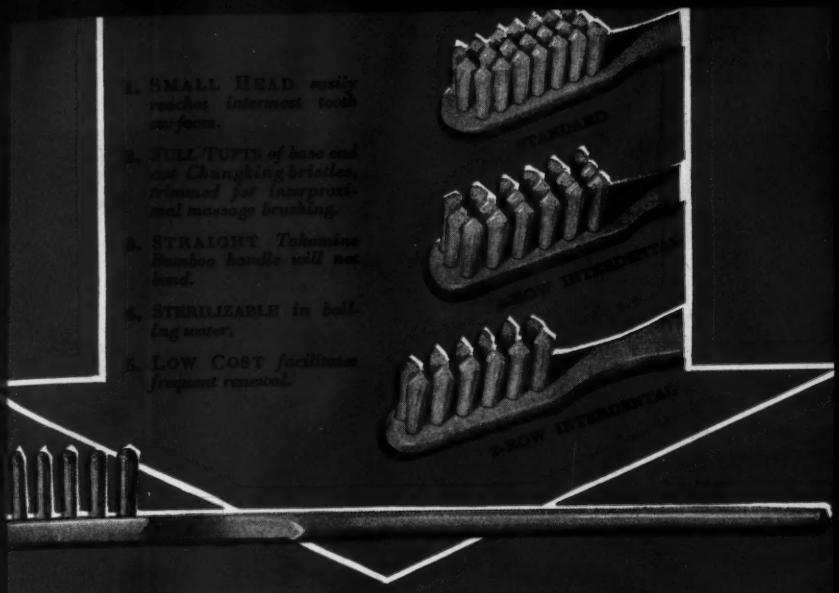
# Oralite

### *the amazing new Light with "pre-focused" beam and finger-tip control*

Picture a dental light so flexible it moves smoothly to any position for direct lighting of upper as well as lower teeth; producing a band of cold, color-corrected light wide enough to accommodate full head movement; with "pre-focused" beam entirely free of shadows at 12 inches or 12 feet; vibration-proof bulb socket; chrome-plated, non-tarnishing reflector; amazing new "Duranite" finish which defies time, chemicals, even fire. In any standard color with chrome front arm—unit type, $64.50; wall type, $68.50 (higher in Canada and on Pacific Coast).

The newest dental light—built by the oldest manufacturer of dental lights in the world. Ask your dealer or write for details.

**The PELTON & CRANE CO., Detroit, Mich.**




# *Scientific massage-brushes to meet professional requirements*

These three professional models offer a complete choice for every prescribed massage-brushing technique. Each Takamine model is scientifically designed to the exacting requirements of leading periodontists. For example: The Three-row Interdental is designed to facilitate Dr. Hirschfield's technique; the Two-row Interdental type is used for the technique favored by Drs. Charters, Stillman-McCall. The Standard model is designed to the specifications of Dr. Joseph Head.

In ordering Takamines, be sure to specify bleached or unbleached bristles in space alloted on coupon.

# TAKAMINE

TAKAMINE CORPORATION, 132 Front Street, New York City

Enclosed remittance to cover my order for.....TAKAMINE Toothbrushes at professional prices as checked below: *Check bleached or unbleached bristles.*

....STANDARD at 7c each. ....3-Row Interdental at 9c each.

.....2-Row Interdental at 10c each.

☐ UNBLEACHED BRISTLES ☐ BLEACHED BRISTLES

Name.....D.D.S.

Address.....

# Quality


IS
IN

# IS NOT AN INTANGIBLE IN *Novol* LOCAL ANESTHETIC

*"Quality" is a much abused word . . . most products claim it.*

But when we talk of *Novol Quality*—we refer to specific points of superiority over other local anesthetics — to mechanical advantages — fire-polished, annealed glass, tested for strains and fabricated in our own plant; rubber plungers made from a formula developed by our own chemists; metal caps on our Anestubes that permit flaming of the puncturable diaphragm before use; vacuum packing that eliminates the possibility of oxidation and deterioration of the solution with consequent loss of potency.

. . . We refer to specific points of manufacturing care — each tube inspected by eleven different persons; each basic ingredient tested by research chemists for purity; containers and Novol solution subjected throughout to Sterilamps to assure sterility at every step; each batch of completed anesthetic tested on animals; the careful inspection and rejection of hundreds of thousands of tubes that do not come up to Novol standards.

That's why you can use Novol Local Anesthetic in your practice with confidence in its "quality". If you are not a Novol user now—try it and compare results.

*NOVOL is the world's most extensively used local anesthetic.*

INSPECTION

*Novocol Chemical Mfg. Co., Inc.*
*2921-23 Atlantic Ave., Brooklyn, N. Y.*
Toronto . . . London . . . Buenos Aires . . . Rio de Janeiro

# Family Portrait

MR. BIRNBAUM, who draws funny pictures for bright magazines like *The New Yorker* and *Stage*, painted this picture.

It's a portrait of a family in this enlightened year of our Lord, 1937.

In the front row are Papa and Mama, in their Gas-Masks for Grown-ups. Back of them is son Jimmy, in the latest Youth's Model Gas-Mask. Then there are little Sally and Tommy in their Gas-Masks for Tots. And finally, Buster, in the special Gas-Mask that man, in his great humanity, recently designed for dogs.

Funny picture, isn't it? Only Mr. Birnbaum did it in deadly seriousness. And he's right.

What could be more serious than the fact that the ordinary citizens of one civilized country have to protect themselves from poison gas with which the ordinary citizens of another country will try to kill them? What could be more depressing than the necessity of digging up the green lawns of modest little homes to make gas-proof holes for women and children to crawl into! What could be more alarming than the realization that these things actually are happening in Europe today. And if we think we're safely removed from it all we're crazy!

Maybe war can be stopped; maybe it can't. Maybe if it does come, we can stay out; maybe we can't. But this much is certain: it *could* be stopped if enough decent citizens reared up on their hind legs and said, "*We won't have war!*"

We think it's worth trying. Are you with us?

***Write to World Peaceways, Inc. . . . 103 Park Avenue . . . New York City.***

# NEW HIGH-VITAMIN YEAST

## *An economical supplementary source of 4 vitamins, A, $B_1$, D and G*

**This one food provides an excellent supply for a daily expenditure of just a few cents**


THE price of a vitamin concentrate is frequently a real economic problem for many families.

Moreover, many vitamin preparations supply only one or two vitamins. In cases of multiple deficiency, it thus becomes necessary to prescribe two or more different vitamin preparations, a strain on many family budgets.

With Fleischmann's new High-Vitamin Yeast it is possible to purchase a supplementary source of 4 important vitamins —A, $B_1$, D and G—at the cost of only a few cents a day.

**2 cakes of Fleischmann's new High-Vitamin Yeast eaten daily supply:**

**VITAMIN A—6200 Units (Int.)**
**VITAMIN $B_1$—300 Units (Int.)**
**VITAMIN D—800 Units (Int.)**
**VITAMIN G—100-120 Units (Sh. Bour.)**

Fleischmann's Yeast is not a drug —it is a *fresh food*. In addition to its vitamin content, the fresh yeast offers help to slow digestion and poor elimination.

**BULLETINS FOR DENTISTS AND DOCTORS . . .**

**prepared to help the busy practitioner keep abreast of the more significant work on vitamins and related subjects. We will be glad to send you these bulletins as issued without charge. Just fill in the attached coupon.**

**Department of Applied Research** **OH-7**
**Standard Brands Incorporated**
**595 Madison Avenue, New York, N. Y.**

**Please put my name on your mailing list to receive issues of "The Place of Fresh Yeast in the Human Dietary."**

**Name**_____

**Address**_____

**City** **State**

# *An Answer* to the Pr

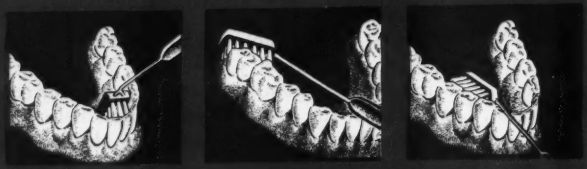
## A New, Efficient Toothbrush

The Squibb Angle Toothbrush offers something really new in toothbrush design. It is a most adaptable, easily handled, efficient brush affording greater accessibility in cleaning difficult-to-reach areas.

### Two Angles Responsible for GREATER EFFECTIVENESS

*The "Mouth-Mirror" Angle.* This angle brings the back molars within easy reach of the brush head. It also permits effective brushing of the lingual surface of incisors, even where the arch is narrow.

*The "Jog" Angle.* This angle makes it possible to bring the brush head down to the gum line while keeping the handle in a practically horizontal position, thus facilitating cleaning between the teeth.



### Other Features

*Thin Metal Shank*—of special rust-resisting alloy—remarkably strong yet slightly flexible.

*Three Rows of Natural Bristles—six tufts to a row*—high quality, natural bristles spaced to penetrate to about the same depth irrespective of which teeth are being cleaned. Two degrees of stiffness—hard and medium.

Recommend the Squibb Angle Toothbrush. Its exceptional cleansing efficiency will please the users and assure greater cooperation from your patients. It is suited to *mouths of all types.*

THE FORGOTTEN TOOTH BECOMES THE REMEMBERED TOOTH WITH THE SQUIBB ANGLE TOOTHBRUSH

# Problem of Home Dental Care

## A Safe, Effective Dentifrice

Squibb Dental Cream provides the essential qualities of a product intended for use by your patients at home to supplement your scientific care. It cleans teeth effectively—yet with absolute safety.

Squibb Dental Cream is free from grit, astringents or other irritating substances. It contains nothing which might be harmful to the teeth—to the mucous membranes of the mouth or even to the stomach if swallowed.

This smooth, creamy, pleasant-tasting dentifrice goes as far in the cleansing of the teeth as a "home use" dentifrice can go with safety. Its content of milk of magnesia gives it a high antacid reserve.

Patients who prefer powder will enjoy Squibb Tooth Powder. It provides the same scientific advantages as Squibb Dental Cream.


**SQUIBB DENTAL CREAM**

**SQUIBB TOOTH POWDER**

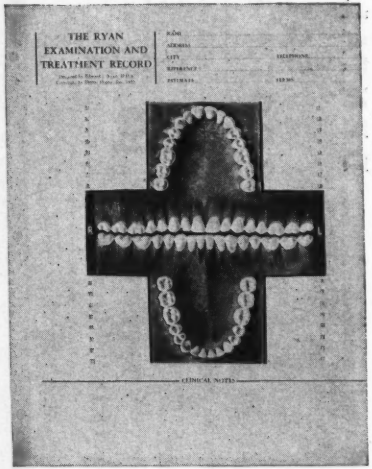
You are cordially invited to visit the exhibit—"Safeguarding Medicinal Products by Research and Control"—sponsored by E. R. Squibb & Sons, in the Medicine and Public Health Building at the New York World's Fair

E·R·SQUIBB & SONS, NEW YORK

MANUFACTURING CHEMISTS TO THE MEDICAL AND DENTAL PROFESSIONS SINCE 1858

# *Suggestions for the use of*

# The Ryan Examination and Treatment Record




**TYPES OF PENCILS**

| | |
|---|---|
| Yellow | Mongol No. 867 |
| Gray | Mongol No. 819 |
| Red | Mongol No. 866 |
| Blue | Mongol No. 865 |
| Yellow | Castell No. 40 |
| Gray | Castell No. 57 |

Mongol pencils are made by Eberhard Faber; Castell by A. W. Faber.

1. The Ryan Examination and Treatment Record may be had in pads of fifty charts each. These pads fit conveniently in a standard 9½ by 11½ inch loose-leaf notebook which may be purchased at a five-and-ten cent or variety store.

2. Alphabetical dividers may be made by using a ten cent package of plain white paper of the same size as the charts with holes punched at the same distances, and a fifteen cent box of alphabetical index tabs. The holes are reinforced.

3. It is a good plan to keep a blank sheet of paper between the charts to prevent possible smearing of crayon or pencil markings; but this is not essential.

4. A fresh pad of charts may be kept ready for use in back of the notebook of active records.

5. The various types of restorations and their location in a particular mouth are shown with the use of polychrome pencils—gray, for amalgam; deep yellow, for gold. White pencil does not show up very well; consequently, porcelain may be indicated with soft lead pencil outlines or cross-hatching.

6. Spaces provided beside the quadrants with numbers corresponding to the teeth permit special notations concerning each tooth. As treatment progresses the blue markings indicating needed dentistry are erased, and the nature, location, and date of placement of each new restoration are recorded. Additional clinical notations are made if necessary in the space provided for that purpose below the chart itself.

7. It is essential to be consistent in any system of symbols or markings developed. To insure consistency, it is well to have a key page in the front

provided for that purpose below the chart itself.

| | |
|---|---|
| Yellow | Castell No. 40 |
| Gray | Castell No. 57 |

Mongol pencils are made by Eberhard Faber; Castell by A. W. Faber.

## SUGGESTED SYMBOLS

Each dentist may develop his own system of symbols but the following specific markings have been found simple and adequate:

***Soft Lead Pencil***—(a) Porcelain fillings are indicated by a pencil outline.

(b) Porcelain jacket crowns and bridges are shown by cross-hatching with lead pencil across the corresponding tooth or teeth on the chart.

(c) Missing teeth are blocked out with a soft lead pencil.

(d) Abrasions are represented with soft lead pencil.

***Blue Pencil***—(a) Cavities are indicated with blue pencil.

(b) Advisable restorations are demonstrated with blue pencil.

***Red Pencil***—(a) A red line is used to indicate the presence of a root canal filling.

(b) A red outline shows the presence and position of an impacted tooth.

(c) Red pencil is used to represent pulp involvement.

(d) A red "X" is made across a tooth to indicate that its extraction has been advised.

(e) Pyorrhea pockets are represented in red along the crest of the alveolar ridge (and a notation is made at the bottom of the chart if extensive gingivitis is present).

7. It is essential to be consistent in any system of symbols or markings developed. To insure consistency, it is well to have a key page in the front of the notebook.

8. The exact record of conditions found in the average patient's mouth at the original examination can be completed in fifteen or twenty minutes. and the time it takes to keep a chart up to date is negligible.

9. When a chart is completed the necessary data (name, address, telephone, reference, estimate, and terms) are typewritten in the spaces provided at the top of the record. The date of the original examination is also recorded in order that the treatment dates (as shown in the quadrants at the sides of the chart) will be recognized as subsequent to the date of the original examination.

10. Provision is made on the back of the chart for bookkeeping records. This is merely for the convenience of dentists who wish to keep all records together, but may be ignored by dentists who have a satisfactory bookkeeping system which they need not and do not wish to discard. The Ryan Examination and Treatment Record may be employed as an additional or supplementary record to any established method of record-keeping dentists may have.

11. Although the Ryan Examination and Treatment Record was designed for the dentist's own convenience in his practice, the charts have been found to have a definite informative value in explaining conditions to patients. The charts are also particularly helpful in reporting dental conditions of patients to cooperating physicians.

Restricted to help and positions wanted, practices wanted, and practices for sale. Minimum charge, $2.

# WANT ADS

10c per word, initials and figures each counting as a word, the address also counting. Cash with order, please.

$2500 will buy $7000 practice with well equipped office; x-ray, gas machine, unit, etc. (Terms to right party). After 25 years practice, retiring to other interests. "K" Oral Hygiene, Pittsburgh, Pa.

---

Dental practice, one best county seat towns, Nebraska. Cash income $4500 year. Terms. Ill health. Get all details. Fine climate. "B," F. V. Kniest, 1537 S. 29th St., Omaha, Nebr.

---

Practices sold and furnished. Positions. Dentists and dental mechanics furnished. F. V. Kniest, 1537 S. 29th St., Omaha, Nebr.

---

FREE: Long established Chicago, Illinois practice, good-will and bargain lease; must sell two units, 1 bracket engine (three complete outfits), x-ray, air, etc.; plenty office, laboratory equipment and supplies. Six heated furnished offices or living quarters opposite popular department store. Good income if properly operated. Contents originally cost about eighty-five hundred; sacrifice at small second-hand price. Illness compels transferring practice. "E" Oral Hygiene, Pittsburgh, Pa.

---

FOR SALE: At sacrifice, dental office and practice. Thirty-five years in same location. Address Dr. C. A. Frank, Woolworth Bldg., Oil City, Pa.

FOR SALE: Dental office, Central Illinois town of seventeen thousand. Established practice. Modern equipment in excellent condition. Ritter x-ray. Leaving dentistry. "R" Oral Hygiene, Pittsburgh, Pa.

---

FOR SALE: Established dental practice, full equipped including x-ray machine, in a New York State city of over 50,000 population. Being sold because of sudden death of owner. Convenient terms for a dentist of proven reputation. "Y" Oral Hygiene, Pittsburgh, Pa.

---

DENTAL TECHNICIAN: All around experience. Rubber, Luxene, Vernonite, Gold work. Conscientious, dependable, Gentile, wishes position with dentist or dentists. Connecticut or Metropolitan New York preferred. "S" Oral Hygiene, Pittsburgh, Pa.

---

FOR SALE: Long established dental practice, complete modern equipment, fine location Indianapolis, retiring, will introduce. P. O. Box 1344, Indianapolis, Ind.

---

DENTIST wishes to purchase an interest or entire practice of a successful practitioner of New Jersey, New York, or Pennsylvania. "G" Oral Hygiene, Pittsburgh, Pa.

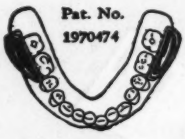
---

FOR SALE: Dental office, central Illinois town. Modern equipment in excellent condition. Taking post-graduate course to specialize. "N" Oral Hygiene, Pittsburgh, Pa.

---

## New Plan! BUCCAL BRACKETS New Approach!

**(FRANKLIN)**




Mastery of the floating full lower solved by the **Buccal Brackets** (Franklin). Demonstrated personally in laboratory and in great conventions and vouched for by voluntary communications sent in by owners and builders. Such dentures are not pushed, pulled, or rocked loose and from the ridge by the finger tips. Suction developed compares favorably with the best full upper and is always under control. Worst offenders seem most easily mastered.

**Practice Builders—Practice Holders!**
**$1.00 per set (with instructions) by P. O. Money Order or cash.**
**THE FRANKLIN EXPERIMENT LABORATORY**
**Quincy, Illinois**
(Attention W. Franklin Richards, D.D.S.)

# GARHART

# SYNTHAY SYMPLEX

## THE MARVEL OF DENTAL PLASTICS— SERVES 3 PURPOSES

SYNTHAY SYMPLEX is an improved and more ENDURING semi-translucent cement. It covers THREE basic requirements better and more economically than any other product. SYNTHAY SYMPLEX is entirely made and packaged in the U.S.

1 SYNTHAY SYMPLEX can be used as an amalgam substitute for POSTERIOR and bicuspid cavities. Restores corners where much tooth-substance must be replaced.

**Powder Portion $2.00 each**

2 SYNTHAY SYMPLEX can be used for cementing PORCELAIN JACKET crowns and metal crowns. Special Ceramic shade prevents porcelain jackets from changing shade. Positively no heat-distress is experienced. Sets promptly in the mouth when mixed thin or stiff.

**Liquid Portion $1.00 each**

3 SYNTHAY SYMPLEX can be used to replace amalgam in making dies or models that in 30 minutes become hard enough to use. SYNTHAY SYMPLEX sets so hard that its crushing strength is not exceeded by any other similar product. Comes in eight improved standard shades.

**Assorted Package, 4 powder portions and 2 liquid portions, $8.50.**

## GARHART REGULAR CEMENT

Garhart Regular Cement may be mixed slow or fast—it's always a smooth mix. Other features are: prompt setting, less shrinkage, free flowing, enduring, adhesive, strong, dense, less heat distress. No lumps, granules, clots or gas. Comes in Light, Pearl-Yellow-Gray and Gold Brown.


## GARHART 25% PURE COPPER CEMENT

Garhart Pure Copper Cement contains 25 per cent pure metal copper which you can see when mixing it. Thus Garhart Pure Copper Cement has greater strength and less shrinkage than any other copper cement. It is also the least expensive. Only $1.00 per Giant Portion.

## GIANT PORTIONS 1/5 LARGER

| 1 Portion | 6 Portions | 14 Portions |
|---|---|---|
| $1.00 | $5.00 | $10.00 |

## GARHART

DENTAL SPECIALTY CO.

KENDALL SQUARE, CAMBRIDGE, MASS.

**GARHART DENTAL SPECIALTY CO.**
**Kendall Sq., Cambridge, Mass.** O.H.7

Gentlemen: Send complete literature on Synthay Symplex and the other Garhart Cements.

Dr. .....

Address .....

City and State .....

# LOWEST PRICE ever asked for a QUALITY DENTURE BLANK

Don't confuse this sterile, non-toxic denture material with cheap imitations made up from commercial celluloid. GUM TINT has been on the market and thoroughly tested in thousands of cases for years. It is the genuine *denture* base made for *dental use only* from special inert, natural, pure fiber material after a 50-year-old formula. Never warps, or blisters, or turns brown or white. Hard, tough, unbreakable.

Contains no phenol nor acrolein. Comes in a true life-like gum-tint pink mottled or plain. Simplest technique—no tinfoiling. Order from your dealer or from us (shipment through dealer). Money-back guarantee.

**Parisien Chemical Co., Inc.**
**Toledo, Ohio**

## Genuine GUM TINT 50c ea.

in original package of 12 blanks each.

In lots of 1 gross 37½ cents each.

Sold by reliable dental dealers everywhere.

Made in U.S.A.

# WHO'S WHO AND WHERE

ADVERTISING INDEX

**Although we aim for accuracy in this index, last minute changes often alter page numbers and positions.**

# BEWARE OF IMITATIONS

It has been brought to our attention that certain other Companies have recently placed upon the market medicaments purporting to be of the same formula as the ORIGINAL Dr. J. P. Buckley's Dental Preparations, using the same names as those now or formerly used by the Buckley Pharmacal Company.

This is to inform the many thousands of dentists, who through the years have used our products, that the Buckley Pharmacal Company of North Hollywood, California, is the only Company authorized by Dr. Buckley to manufacture his formulae since the discontinuance by Eli Lilly & Company; and these medicines are the only ones compounded according to the ORIGINAL formulae and under the direct supervision of the author.

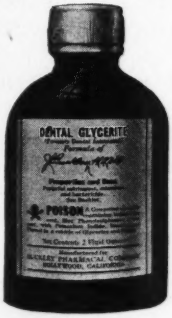

"MEDI-WELL" is a trade name to be used exclusively by the BUCKLEY PHARMACAL COMPANY to designate its medicine-well bottle. Its use by anyone else for this purpose is prohibited.

If uniform results are to be expected from the use of a remedy it is essential that it be compounded true to a definite formula and the drugs used in its manufacture be pure and of *uniform strength*. To be sure of the ORIGINAL Buckley product look for this signature, J. P. Buckley, M.D., on the label; it is your guarantee.

Dr. Buckley's Dental Preparations are now marketed in new containers, the liquids in our Medi-Well and two-ounce size bottles, as shown in cuts. Pint bottles are also obtainable.

**Write for FREE descriptive booklet, "DENTAL THERAPEUTICS," from the pen of Dr. J. P. Buckley describing the properties and uses of his ORIGINAL preparations.**

**Distributed by the California Dental Supply Company, 643 So. Olive St., Los Angeles, Calif.**




2 OUNCE BOTTLE (One half actual size)

**REVISED LIST:**

FORMOCRESOL
PARAFORM PASTE
BENZOCAINE PASTE
DENTAL LINIMENT
DENTAL GLYCERITE
ZINC COMPOUND
PHENOL COMPOUND
EUCALYPTOL COMPOUND
ACID PHENOLSULPHONIC

**BUCKLEY PHARMACAL COMPANY**

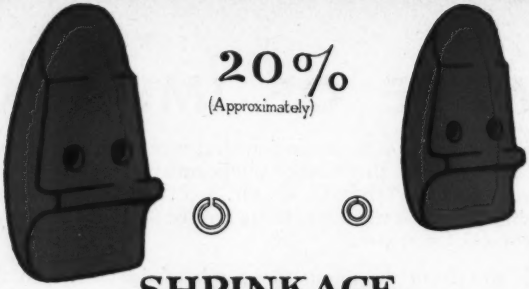
**BUCKLEY PHARMACAL CO.**
**North Hollywood, Calif.**

Please send me FREE descriptive booklet "Dental Therapeutics" by J. P. Buckley.

Dr. .....

Address .....

City .....




# SHRINKAGE

BETWEEN the "biscuit" bake and the completely fused porcelain tooth the porcelain shrinks 20 per cent.

This shrinkage, or contraction, gives dental porcelain its density and strength. Yet this same shrinkage is the direct cause of the weakness of baked-in, base-metal pin teeth because the resistance of the solid pins to the contracting porcelain sets up internal strains, producing checks which, if they do not crack the tooth, seriously weaken the firmness of the attachment between pin and porcelain. That's why baked-in, base-metal pin teeth so often just "drop off."

The only means yet devised to anchor pins in porcelain teeth and still give the porcelain freedom to contract is the Twentieth Century Split-Ring Anchorage. The Split allows the ring to close as the porcelain shrinks, and at the same time the ring becomes immovably embedded in the tooth. Then, **after** the tooth is fused, strong pins are soldered into the anchorage.

Result—strong, dense, perfectly fused porcelain; a secure anchorage; firmly attached pins. Structurally sound teeth!

And you can get such structurally sound teeth in any price-class. In Trubyte New Hue, in New Trubyte, Trubyte, Solila and Twentieth Century Teeth.

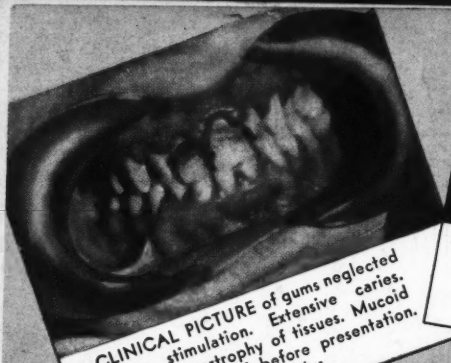
***So, why buy trouble?***

## TWENTIETH CENTURY ANCHORAGE

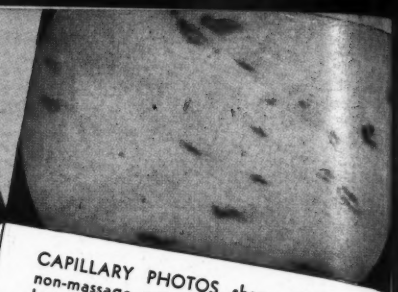
**The "T.C." Split-Ring Anchorage must not be confused with other "ring" anchorages. It's the Split that does the trick!**

THE
**TRUBYTE SYSTEM**
**THE DENTISTS' SUPPLY COMPANY OF NEW YORK**

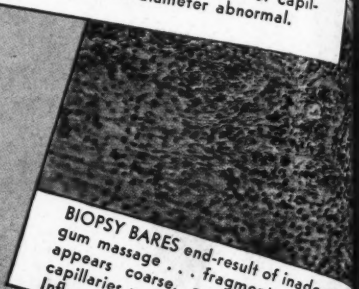

TRACK 9
TICKETS
NEW YORK
WORLD'S FAIR-1939
TREASURE ISLAND
SAN FRANCISCO
WORLD'S FAIR



CLINICAL PICTURE of gums neglected as to stimulation. Extensive caries. Marked hypertrophy of tissues. Mucoid film scrubbed off before presentation. Heavy deposit of calculus.



CAPILLARY PHOTOS show effects of non-massage regime on dilation of capillaries; length and diameter abnormal.



BIOPSY BARES end-result of inadequate gum massage . . . fragmented collagen appears coarse, granular, edematous; capillaries poorly defined, extravasating. Inflammation

**CLINICAL FINDINGS**

**CAPILLARY STUDIES**

**TISSUE SECTIONS**

# ALL SHOW THAT GINGIVAL MASSAGE IS *VITAL*


Stagnant blood in flabby gums usually tends to resume a more normal flow when inadequately stimulated capillaries are aroused by daily use of IPANA plus massage. Teeth and gums may once again receive more adequate nutriments; removal of waste matter may proceed apace. Firmer gums provide a more secure anchorage for the teeth . . . Brushing with IPANA cleans teeth gently and thoroughly . . . Samples on request.

**IPANA TOOTH PASTE**

BRISTOL-MYERS CO., 19-J W. 50 St., New York, N.Y.